



Advocate Application

Today's Date: _____

Contact Information

Name: _____ Date of Birth/ Current Age: _____

Street Address/City//Zip: _____

How many years at this address?: _____ E-mail Address: _____

Telephone:(Home) _____ (Work) _____ (Cell) _____
What is the best way to reach you?

Please list prior addresses and dates of residences for the past 10 years on the back of this application.

Personal/ Living History

Where are you from (born & raised)? How long have you lived in La Crosse County?

How long do you intend to live here?

What keeps you here? What do you like about living here?

Do you have family in La Crosse County? (e.g., partner/ spouse, immediate/ extended family, children)

Work/ Leisure

What do you do for a living? (e.g., work, school, etc.) Where do you work? (e.g., place of employment, employer, etc.)

What is your schedule like (work, leisure, etc.)?

Tell us about your special interests/ hobbies/ passions.

What are your involvements/ commitments/ memberships? (e.g., civic groups, clubs, associations, membership in a fitness club, faith community)

Disability/ Citizen Advocacy

Tell us about someone you have known with a disability.

Do you have a personal story to share about being outraged at mistreatment, or injustice, and/or a time when you stood up for somebody (or yourself)?

How did you hear about Citizen Advocacy? Do you know anyone else involved in Citizen Advocacy?

Why do you want to be someone's advocate (or friend, buddy, mentor, etc.)?

Other Information

How do you generally get around? (e.g., car, minivan, cab, bus, walk, bicycle, etc.) _____

Do you drive? _____ Do you have car insurance? _____

Have you ever had any of the following? If so, please explain the circumstances.

- An auto accident? _____
- An alcohol/drug abuse problem? _____
- Criminal charge or conviction? _____

Are you aware of any conflict of interest that might interfere with being a citizen advocate? (e.g., you or your close family/friends employed in direct services to people with developmental disabilities; physical or emotional conditions that are limiting, etc.)

Please feel free to share anything else about yourself. (e.g., background, experiences, personal history, etc.)

Do you have any comments, questions or concerns you would like to share?

References

Please list three personal references that are not related to you.

Name	Phone	Years known
_____	_____	_____
_____	_____	_____
_____	_____	_____

“I hereby authorize La Crosse Citizen Advocacy to have access to any and all law enforcement records, including investigative reports, maintained by La Crosse County Sheriff’s Department or any other law enforcement agency. I also understand that reference checks are undertaken to protect a potentially vulnerable class of people—those with disabilities. I hereby give my consent for La Crosse Citizen Advocacy to contact my references.”

Signature: _____ Date: _____