



**2009 Advocacy Day in Tallahassee
February 17-18, 2009
Volunteer Application**



Name: _____

Address: _____ Zip: _____

Phone Number: _____ Email: _____

Registered Voter? Y or N Occupation: _____

Do you personally know a Florida Legislator(s), and if so, who?

Describe your relationship with this legislator (previous meetings, etc.):

Would you like to be identified as a Cancer Survivor? Y or N

If so, please specify (optional) _____

Involvement with ACS or ACS CAN (e.g. Relay For Life, MSABC, Man to Man, etc.)

Other Organizations:

Advocacy Experience:
