

Resident Advocate Application



**AANA
FOUNDATION**

APPLICANT INFORMATION

Name	
Street Address	
City, State, ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

ACADEMIC INFORMATION

Nurse Anesthesia Program	
Street Address	
City, State ZIP Code	
Enrollment Date	
Anticipated Graduation	
Program Director	
Program Director Email	
Program Director Phone #	
GPA	
Enrolled in Program for at least 3 months?	_____ YES _____ NO

ABOUT YOU

1. Why are you interested in becoming a Resident Advocate?

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2. What do you hope to gain from this role?

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Resident Advocate Application *(continued)*

SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualifications that you have acquired from employment, previous volunteer work, or through other activities that will aide you in this position.

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AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	
Program Director's Signature of Approval for applicant involvement as AANA Foundation Resident Advocate	
Date	

OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please Return Completed Application in Word Doc or PDF format to:
Nicole Hendricks, AANA Foundation Fundraising Assistant nhendricks@aana.com
Email Subject line: Resident Advocate Application