



The power to make it better.

APPLICATION FOR STATE PRESIDENT

Mr./Mrs./Ms./Miss/Other: _____ Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Day Telephone: () _____ Evening Telephone: () _____

FAX Number: () _____

E-Mail/Internet Address: _____

Please attach the following:

1. A brief statement that explains why you are interested in this position.
2. A resume or brief narrative statement that describes the experience, education and accomplishments that qualify you to serve as AARP State President.
3. A separate statement that gives examples of experience and accomplishments directly related to this position.

EMPLOYMENT STATUS:

1. Full-time 2. Part-time 3. Retired, not working 4. Retired, working part time

EDUCATION:

1. High School 2. College 3. College Attended: _____

Advanced Degree, College & Name of Degree: _____

AVAILABILITY:

When are you available to volunteer?

Weekdays: Day Evening **Weekends:** Day Evening

AARP MEMBERSHIP STATUS*:

AARP Member? NRTA Member? Membership No.: _____

AARP Chapter/Unit Member? Chapter/Unit Name/No. _____

**Applicants need not be AARP members but must be eligible for membership. Acceptance of this position indicates agreement to become a member of AARP.*

EMERGENCY CONTACT:

Name: _____

Address: _____

_____ Relationship: _____

Day: () _____ Evening: () _____

ACCOMMODATIONS:

What type of special needs or accommodation, if any, would you need to perform your volunteer function (i.e., sign language, interpreter, wheelchair access, Braille, etc.)?

PERSONAL INFORMATION:

AARP attempts to achieve a balance of age, gender, and race in its programs. You are not required to provide this information. It is being collected for program evaluation purposes.

Gender: Male Female

Race: African American Native American Asian American

 Hispanic Caucasian Other _____

Please sign and date this form, attach the three narrative statements and return your application package. Thank you.

YOUR SIGNATURE: _____ **Date:** _____