



**Join us to build safer communities!** The Advancing Advocates Council (AAC) is a committee dedicated to creating awareness of The Women's Center within the young professional community in the greater Milwaukee area, with an emphasis on Waukesha County. Council members serve, educate, and advocate to further the mission of The Women's Center.

This group offers unique opportunities to impact our community and help send a message that domestic and sexual violence should never be expected or tolerated. Members will be invited to exclusive networking activities with the Board of Directors and other professional development experiences.

Section 1: Personal Information

*Contact Information:*

First and Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Employer \_\_\_\_\_

Employer Mailing Address (optional) \_\_\_\_\_

Preferred Phone (Cell/Home/Work) \_\_\_\_\_

Preferred Email (Personal/Work) \_\_\_\_\_

*General Questions – please use a separate page if necessary.*

How did you hear about this opportunity?

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to participate?

\_\_\_\_\_  
\_\_\_\_\_

Are you a member of any professional associations, peer networking groups, or social clubs? (Y/N) \_\_\_\_\_ If yes, please list: \_\_\_\_\_

This group will initially include two sub-committees. Which of the following is of more interest to you?

- Service & Advocacy (includes planning and promoting events and volunteer opportunities)
- Events & PR (includes fundraising and communication strategy for the group)

Can you commit to attend monthly meetings, alternating between the full group and one of the above committees? Times and locations will be determined based on the availability of the group. (Y/N) \_\_\_\_\_ Comments: \_\_\_\_\_

Which of the following meeting times/locations are generally most convenient for you?

- Before work
- Lunch hour
- After work
- Waukesha County
- Milwaukee County
- Other: \_\_\_\_\_

Comments: \_\_\_\_\_

Have you used any of The Women's Center's services? (Y/N) \_\_\_\_\_

If so, were you a client within the last five years? (Y/N) \_\_\_\_\_

Have you previously volunteered for The Women's Center, and undergone a background check as part of your volunteer experience? (Y/N) \_\_\_\_\_

*IF NO:* As noted in the Advancing Advocates Council Overview, all members will undergo a background check as part of the selection process. A background check authorization form will be sent to you upon receipt of your application.

*Optional Demographic Information:*

What is your age?

- 18 – 24
- 25 – 34
- 35 – 44
- 45+

Signature

*I would like to be considered for participation in The Women's Center's Advancing Advocates Council. By submitting this application, I certify that all the information contained herein is true and correct to the best of my knowledge. I authorize The Women's Center to perform a background check as part of my application process. If selected to participate, I agree to release my name and image to be included in promotional materials.*

Electronic Signature (enter name) \_\_\_\_\_

Date \_\_\_\_\_

Section 2: Submitting Application and Additional Documentation

Please email this application and a current resume, including education, employment history, and volunteer involvement, to [annac@twcwaukesha.org](mailto:annac@twcwaukesha.org). Call 262-522-3803 with any questions.