National
Multiple Sclerosis
Society
Upstate New York
Chapter

The National MS Society Upstate NY Chapter
Government Relations Committee (GRC) Application Form

Please check which regional GRC you are interested in joining:

☐**Capital District (Albany & North Country)** ☐**Central NY (Binghamton and Syracuse)**

☐**Greater Rochester (Rochester)** ☐ **Western NY (Buffalo and Niagara)**

Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____

State/Zip: _____

County of residence: _____

Phone: (H) _____ **(E-mail)** _____

May we say "National MS Society" on your answering machine? ☐ Yes ☐ No

Are you willing to have your email address added to the MS Action Network to receive email alerts regarding statewide and local opportunities to take action and respond to relevant advocacy issues?

☐ Yes ☐ No

Employment Status: ☐ Full ☐ Part ☐ Retired ☐ Student ☐ Homemaker ☐ Unemployed (✓ if due to MS ☐)

Name of Employer (if applicable):

_____

Occupation: _____Title:_____

I am/consider myself to be… (Please check (✓) all that apply)

☐ Former legislator

☐ Former legislative staff

☐ Disability rights attorney

☐ Other attorney

☐ Health insurance expert

☐ Person with Long-Term Care knowledge

☐ Public relations specialist

☐ Policy expert

☐ Politically connected Democrat

☐ Politically connected Republican

☐ Person w/ MS

☐ Family of person w/MS

I was diagnosed in (year): _____

☐ Friend of person w/MS

☐ Health Care Provider

Field of Expertise:_____ Title:_____

Are you currently serving on any state or local committees or participating in initiatives towards community organizing?

☐ Yes ☐ No

If yes, please identify which committees, taskforces, workgroups, and your appointed length of service (as applicable):

Please tell us why you are interested in joining a Government Relations Committee:

List any training, education, employment, or other volunteer experience you have which might be useful to you as an MS Activist:

Are you able to attend in-person meetings?

If so, when:

	Mon.	Tue.	Wed.	Thu.	Fri.
Morning					
Afternoon					
Evening					

Are you able to participate in teleconference calls?

If so, when:

	Mon.	Tue.	Wed.	Thu.	Fri.
Morning					
Afternoon					
Evening					

How often would be available to participate in meetings or calls?

☐ 1 time per month ☐ 2 times per month

☐ 1 time every other month ☐ 4 times per year

☐ Other:

Would you be willing to be a part of a response network to address emergent advocacy issues that may require an immediate response (other than responding to an email Action Alert)?

☐ Yes ☐ No

If so, please check all areas in which you would be most comfortable volunteering:

☐ in-person visits with state and federal legislators in their local district offices

☐ in-person visits with state legislators at the State's Capital

☐ providing testimony at public hearings/press conferences

☐ responding to action alerts via email ☐ writing letters and/or emails

☐ letters to the editor (newspaper) ☐ making phone calls