

**Wisconsin Family Care Consumer Corp Training Program
Application/Resume---2006-2007**

Name: _____

Address: _____

City: _____ **County:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

Are You Representing People: Over the Age of 60? _____ and/or Disabled? _____

Organization/s You Are Representing: _____

How Have You Been Active in State or Local Government? (Be Specific): _____

Please Describe Any Volunteer or Advocacy Activities that You Have Been Involved in: _____

Do You Have any Prior Knowledge of Family Care? Describe: _____

Are you Currently Active in the Family Care Expansion Planning in Your Area?

Explain: _____

Are You Willing to Make a Commitment to be Involved in the Implementation of Family Care in You Area? Explain: _____

How do you Plan to use the Information You Learn From this Training? _____

Other Information/Activities You Would Like Us to Know About: _____

Please List any Special Needs Accommodations That You Require: _____

Please Return to:

**CWAG-Family Care Consumer Corp Training
2850 Dairy Dr.
Madison, WI 53718**

Questions:

**Call Glenna at 800-366-2990 or 608-224-0606, Ext. 326
Or e-mail to: glennas@cwag.org or Fax to: 608-224-0607**



Coalition of Wisconsin Aging Groups
Advocacy • Membership • Elder Law

**Securing the Present,
Protecting the Future**