

# ALZHEIMER'S MISSISSIPPI VOLUNTEER ALZHEIMER'S ADVOCACY LEADERSHIP TEAM (VAALT)

Advancing Alzheimer's diseases public health policy in Mississippi

## Want to be more involved with Alzheimer's Mississippi Advocacy?

Use your **VOICE** to end Alzheimer's. **ADVANCE** issues critical to those affected by Alzheimer's. Take **ACTION**.

### What is the Volunteer Alzheimer's Advocacy Leadership Team (VAALT)?

Volunteer Alzheimer's Advocacy Leadership Team members are advocates committed to raise their elected officials awareness of and support of Alzheimer's Mississippi public policy goals. Each VAALT members' efforts are crucial to the public policy success of Alzheimer's Mississippi. Advocates are asked to work with staff and regional leaders on advocacy assignments to advance public health policy priorities crucial to those living with Alzheimer's disease and their caregivers at the state and federal levels, and build relationships with state legislators, local elected officials as well as members of Congress.

- ✓ We ask VAALT team members for a 1 year commitment, and to plan on spending about 5 hours per month on your responsibilities.
- ✓ Some of those responsibilities include:
  - ★ Communicating with your state legislator and congressman by letter, phone call or social media.
  - ★ Writing a letter to the editor of your local newspaper
  - ★ Attending a local town hall meeting
  - ★ Attending Alzheimer's Advocacy Day in Jackson.
  - ★ Reporting your activities to your staff lead at Alzheimer's Mississippi.
- ✓ Alzheimer's Mississippi trains, communicates, and works with you to help you be a great Volunteer Alzheimer's Advocacy Leadership Team member!

### FOR MORE INFORMATION, contact:

- |            |  |
|------------|--|
| ✓ VOICE    | TJ Harvey, Public Policy and Advocacy                                      |
| ✓ ACT      | Alzheimer's Mississippi  |
| ✓ ADVOCATE | 601-987-0020 or <a href="mailto:tjharvey@alzms.org">tjharvey@alzms.org</a> |

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## Application Form:

Use your **VOICE** to end Alzheimer's. **ADVANCE** issues critical to those affected by Alzheimer's. Take **ACTION**.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Who is your state Senator or Representative:  
\_\_\_\_\_

Do you have a relationship with your member or their office? \_\_\_\_\_

Do you have a connection to Alzheimer's disease? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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