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 raising 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 tjharvey@alzms.org
Application Form:

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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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