

Action Circles Academy Registration Form

Feel free to type all answers into a separate sheet and send separately



Name:

Organization:

Organization Web Site:

Position Title:

Email Address:

Primary Phone Number:

Street Address:

City:

State:

Zip Code:

Emergency Contact Number:

Food Restrictions/Special Needs:

Personal Goals:

Why do you want to come to the Action Circles Academy? What draws you to campaign work and organizing work? What are you passionate about? (250 words max)

Professional Goals:

Please describe what work you're doing now and how you think this training relates to your current work or your future goals. What issues are you working on? What challenges do you have? How long have you been in your current position? (250 words max)

Experience in Social or Political Action:

In addition to your current position, what types of community, political or social welfare groups or issues have you been involved in? Tell us about the organizing work you have been involved in, either as an organizer or an activist, and what it was like for you and the people you worked with. (250 words max)

How did you hear about the Action Circles Academy?

Please be specific - who referred you? Where did you see the info?