

HCAO Involvement Opportunity Form

Date _____ Supporter Name _____

Mail Address _____ City _____ Zip _____

Home address, if different _____

City _____ Zip _____ Best Phone _____ 2nd Phone _____

Email _____

Organizations I am involved in: _____

Occupation: _____

Skills to share (such as, music, photography, video, theater, finance, community organizing, website or graphic design, PR or advertising, legal/legislative work, fund raising, event planning, writing, research: _____

Activities I would like to be involved in:

- Canvassing
- Circulate Statements of Support
- Complete Questionnaire Interviews
- Contact Legislators
- Data Entry
- Host a House Party
- Letter to the Editor
- Office Help
- Phoning
- Photo Petitions
- Plan Events
- Join an HCAO State Committee, Local Group or Caucus –Which? _____
- Potential Donor
- Recruit Organization(s) Which? _____
- Recruit Others
- Social Media
- Speaker/Presenter
- Sponsor Fundraiser
- Share your Healthcare Story
- Tabling
- Trainer
- Anything; call me when you need me!

(Reply will be added to the Notes field in the database)

Foreign Language(s) I am fluent in: _____

Have you or someone in your family ever had problems getting the health care you need? Yes No

I want: More information Training as a speaker/presenter Leader training
 Lobbying training Other training _____

If you have questions, contact Jana Gregory: 971-235-3456 or oregon333@yahoo.com. Scan and email completed form to Jana or mail the form to the HCAO office, 619 SW 11th Avenue, Suite 121, Portland, OR 97205, Attention: Jana Gregory.