

# Blind Ambition Coalition

## APPLICANT INFORMATION

**Name:**

**Date of birth:**

**Email:**

**Phone:**

**Current address:**

**City:**

**State:**

**ZIP Code:**

**Special Accommodations:**

**Community Affiliations:**

## EMERGENCY CONTACT

**Name of a relative not residing with you:**

**Address:**

**Phone:**

**City:**

**State:**

**ZIP Code:**

**Relationship:**

## TALENT & INTEREST SURVEY

**We enjoy hearing from our volunteers! Please take a moment to list any events you would enjoy at BAC:**

## THE BAC MISSION

**Our mission is to promote a higher quality of life to individuals with disabilities by providing social networking opportunities and creating disability awareness, establishing a strong community of disabled and non-disabled support.**

**I, \_\_\_\_\_, am applying to become a member of Blind Ambition Coalition.**

**Signature of applicant:**

**Date:**

**I would like to receive BAC communications via email**

**Yes:**

**No:**