

# Movement Matters Learning Sessions Enrollment Form

## Contact Information

First Name:	Last Name:	
Title:	Organization:	
Address Line 1:		
Address Line 2:		
City:	State:	Zip:
Telephone (work):	Telephone (cell):	
Fax:	Email:	
Website:		

## Background Information (optional)

While providing the following information is **optional**, it will help us ensure that a broad range of perspectives is represented at the trainings and there is diversity within the participant pool.

<b>Age:</b>	<input type="checkbox"/> Under 25	<input type="checkbox"/> 25-40	<input type="checkbox"/> 41-55	<input type="checkbox"/> 56 or over		
<b>Differently-Abled:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
<b>Sexual Orientation:</b>	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay/Lesbian	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Other		
<b>Race:</b> <i>(please check all that apply)</i>						
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic				
<input type="checkbox"/> Native American/American Indian	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Multiracial				
<input type="checkbox"/> Other: <i>(please specify)</i>						

## Organizational & Applicant Information

1. Which learning session are you applying to?
2. Please specify the issue areas your organization/grassroots initiative works on.
3. Please describe your role in the organization/grassroots initiative.

4. Organization type (check all that apply):

- Community-Based Organization
- Service Provision Organization
- Grassroots Initiative/Voluntary Organization  
*(not a 501c3)*
- Coalition
- Government Agency
- Foundation
- Other:

5. Service area of your organization:  
*(check all that apply)*

- Neighborhood:
- Ward:
- City Wide
- Regional

6. What population(s) does your organization/grassroots initiative serve? *(check all that apply)*

- African American/Black
- Asian/Pacific Islander
- Latino/Hispanic
- Native American/American Indian
- Caucasian/White
- Multiracial

7. Number of staff at your organization/grassroots initiative: \_\_\_\_\_

8. Are other staff members of your organization/grassroots initiative applying to Movement Matters' learning sessions?

- Yes, how many and who? \_\_\_\_\_
- No, only applicant

9. Provide a description of the organizing, policy advocacy, popular education or organizational/program development experience that you and your organization/grassroots initiative have.

10. Why are you interested in being part of this particular learning session? What are your expectations? *(Individually and as part of your organization/grassroots initiative)*

11. How did you hear about Movement Matters?  
*(please check all that apply)*

- Movement Matters Website
- Listserv/Mailing List (please specify):
- Newsletter (please specify):
- Other Website (please specify):
- Advertisement (please specify):
- Funder Referral (please specify):
- Other Referral (please specify):
- Other (please specify):

### **Movement Matters Contact Information**

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