

**Alamo Area Homecare Council Amigo Application**

The Alamo Area Homecare Council nominates an Amigo from August 1<sup>st</sup> through October 31<sup>st</sup> each year. Participants must be a 501 (C) (3) organization servicing all of Bexar County.

Please review the follow expectations prior to filling out this application. Do not attach additional pages to this form.

- The nominee knows that the *Alamo Area Homecare Council* expects monthly participation in the meetings.
- Once awarded, must have an employee join the annual Christmas Planning Committee for the Alamo Area Homecare Council Christmas Celebration.
- Help recruit teams for fundraising events by utilizing their relationships in Bexar County

Fill out the completed application and email to Committee Chair Deborah Dorsman at [ddorsman@mission-homecare.com](mailto:ddorsman@mission-homecare.com) For questions or concerns, please contact [info@aahcc.org](mailto:info@aahcc.org)

**Name of Organization:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact phone:** \_\_\_\_\_ **Contact Email:** \_\_\_\_\_

**Organization's mission statement:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Service Area and population served:**

\_\_\_\_\_

**Describe your organization's activities and what services you provide:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Explain how your organization would use the money once awarded by the AAHCC:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What type of donations, other than money does your organization need?**

\_\_\_\_\_  
\_\_\_\_\_

**Describe how our AAHCC membership could help benefit your program with events/activities:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your submission.**