



**Ohio Academy of Family Physicians Key Contact Volunteer Form**

Your response to the questions below will help us further develop our relationships with members of the Ohio General Assembly on behalf of family medicine and this state's family physicians. We appreciate the time you are taking to respond to this short survey. Your help is invaluable as we work to ensure the voices of Ohio's family physicians and their patients are heard at the Statehouse.

**Name:** \_\_\_\_\_ (please print legibly)

**Address:** \_\_\_\_\_ (at which you are registered to vote)

Do you know your State Senator? \_\_\_\_\_ yes; \_\_\_\_\_ no

If yes, the name of your state senator is: \_\_\_\_\_

How do you know this person?

- |  |  |
|--|--|
| <input type="checkbox"/> Patient                     | <input type="checkbox"/> Social Acquaintance                       |
| <input type="checkbox"/> Neighbor                    | <input type="checkbox"/> Business Acquaintance                     |
| <input type="checkbox"/> Member of Same Organization | <input type="checkbox"/> Contributed to his/her political campaign |
| <input type="checkbox"/> Attended School Together    | <input type="checkbox"/> Other _____                               |
| <input type="checkbox"/> Childhood Friend            |  |

Do you know your State Representative? \_\_\_\_\_ yes; \_\_\_\_\_ no

If yes, the name of your State Representative is: \_\_\_\_\_

How do you know this person?

- |  |  |
|--|--|
| <input type="checkbox"/> Patient                     | <input type="checkbox"/> Social Acquaintance             |
| <input type="checkbox"/> Neighbor                    | <input type="checkbox"/> Business Acquaintance           |
| <input type="checkbox"/> Member of Same Organization | <input type="checkbox"/> Contributed to his/her campaign |
| <input type="checkbox"/> Attended School Together    | <input type="checkbox"/> Other _____                     |
| <input type="checkbox"/> Childhood Friend            |  |

Do you know any other current members of the Ohio General Assembly \_\_\_\_ yes; \_\_\_\_ no

If yes, the name of that member is: \_\_\_\_\_

How do you know this person?

- |  |  |
|--|--|
| <input type="checkbox"/> Patient                     | <input type="checkbox"/> Social Acquaintance             |
| <input type="checkbox"/> Neighbor                    | <input type="checkbox"/> Business Acquaintance           |
| <input type="checkbox"/> Member of Same Organization | <input type="checkbox"/> Contributed to his/her campaign |
| <input type="checkbox"/> Attended School Together    | <input type="checkbox"/> Other _____                     |
| <input type="checkbox"/> Childhood Friend            |  |

Do you follow state legislative issues? \_\_\_\_\_ yes; \_\_\_\_\_ no

Do you check you e-mail at least once per week? \_\_\_\_\_ yes; \_\_\_\_\_ no

What is your e-mail address? \_\_\_\_\_

Do you regularly read the *Weekly Family Medicine Update* listserv message? \_\_\_\_\_ yes; \_\_\_\_\_ no

Are you willing to write letters/make phone calls to your elected officials, if requested? \_\_\_\_\_ yes; \_\_\_\_\_ no

Have you ever testified before a House or Senate committee? \_\_\_\_\_ yes; \_\_\_\_\_ no

**Please print and return to the OAFP office by fax at (614) 267-9191.**