

Volunteer Application

Volunteers are the heart of the LFA, and we could not provide the important services and support to the community - families, caregivers, professionals - without people like you. We appreciate your interest in our organization and we are grateful for your support of our mission.

Please print your answers & mail or fax to the LFA, Greater Ohio Chapter, Inc.

Title: _____ First Name: _____ Last Name: _____

E-mail Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Fax Number: () _____

Emergency Contact Person: _____

Emergency Contact Number: () _____ Relationship: _____

Indicate times available:

- Weekdays Evenings Weekends

Do you know someone with lupus?

- Spouse Parent Grandparent
 Child Sibling Other:

I am interested in volunteering for the following:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Phone
Volunteers | <input type="checkbox"/> Administrative | <input type="checkbox"/> Bulk Mail | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Word
Processing | <input type="checkbox"/> Publishing | <input type="checkbox"/> Public Policy | <input type="checkbox"/> Health Fairs |
| <input type="checkbox"/> Outreach Team | <input type="checkbox"/> Outreach Leader | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Speaker's
Bureau |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Support Group
Leader | <input type="checkbox"/> Support Group
Trainer | <input type="checkbox"/> Committee
Member |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Walk (Morning
Set-Up) | <input type="checkbox"/> Walk
(Afternoon
Tear-Down) |

Please indicate what other interests you might have.

Background:

Please indicate what experiences you have in working with someone with lupus.

Why are you interested in volunteering with the LFA, Greater Ohio Chapter?

In what areas do you possess special skills or talents?

What do you like to do in your leisure time?

What previous or current volunteer experiences have you had?

What is your educational background?

What languages (if any other than English) do you speak?

Employer's Name: _____

Address: _____

Telephone: () _____ E-mail: _____

Please provide two references of persons (not relatives) who have worked with you or have known you for at least one year:

Name: _____ Telephone: () _____

E-mail: _____

Name: _____ Telephone: () _____

E-mail: _____

Any applicant convicted of or having charges pending for a felony or misdemeanor involving acts that would pose risks to individuals or to the LFA's credibility is not eligible to be a LFA volunteer.

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize the LFA to investigate my background to determine my fitness as a potential volunteer.

I understand that the information requested in this application will be used only for the purpose of determining my suitability as a LFA volunteer. If I have successfully completed training and have met all other requirements, and it has been determined that I am a suitable volunteer, I understand that I will be expected to serve a minimum of one year for the LFA Chapter. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to my supervisor with as much advance notice as possible. I will discuss confidential matters only with authorized persons.

I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals, and/or philosophy of the LFA Chapter and their ability to provide quality services to individuals with lupus, my services as a volunteer will be terminated.

I submit the statements on this application are true, complete, and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

Signature

Date

Thank you for volunteering your time, talents & service to the LFA, Greater Ohio Chapter, Inc.

Please submit this form to:

LFA, Greater Ohio Chapter, Inc.
12930 Chippewa Road
Brecksville, OH 44141