



Please Return Completed Application To:
Lupus Foundation of America, Piedmont Chapter
2540 Plantation Center Drive, Matthews, NC 28105
Phone: (877)-849-8271 Fax: 704-849-8272
Email: info@lupuslinks.org
Application can be mailed, emailed, or faxed.

Volunteer Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

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

E-Mail: _____ Fax: _____

Date of Birth _____

Place of Employment: _____ Full: _____ Part: _____

Occupation: _____

Volunteer Experience:

Have you volunteered for the Lupus Foundation of America before? ____ Yes ____ No
If Yes, in what capacity?

How did you hear about the Lupus Foundation of America?

Emergency information contact:

Name _____
Relationship _____ Phone _____

Do you have any special needs or limitations we need to know about? ____ Yes ____ No
If Yes, please explain:

When are you available as a volunteer? (check all that apply)

- Weekdays: Mornings_____ Weekends
- Afternoons_____
- Evenings _____

Please elaborate on your time available for volunteering:

What types of volunteer activities are of interest to you? (check all that apply)

- Clerical
- Contacting Media
- Contacting Sponsors
- Data Entry
- Educational Programs
- Fundraising Coordination
- Health Fair Booths
- Information and Referral
- Legislative/Advocacy
- Walk for Lupus Now
- Phone Calling (event promotion)
- Phone Calling (thanking donors)
- Planning Committees
- Public Speaking
- Receptionist
- Special Events
- Stuffing Envelopes/Mailings
- Vacation Week/Weekends
- Volunteer Recruitment
- Other (specify) _____

Do you have training or extensive experience in any of the following areas?

(check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Proof Reading |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Group Facilitating | <input type="checkbox"/> Public Broadcasting |
| <input type="checkbox"/> Advertising/PR | <input type="checkbox"/> Human Resources | <input type="checkbox"/> RN |
| <input type="checkbox"/> Audio/Visual Systems | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Legal:
specify: _____ | <input type="checkbox"/> Therapist/
Counseling |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Volunteer
Coordination |
| <input type="checkbox"/> Entertainment/Music | <input type="checkbox"/> MD | <input type="checkbox"/> Website Design |
| <input type="checkbox"/> Event Coordinating | <input type="checkbox"/> Occupational Therapy | |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Photography/Video | |
| <input type="checkbox"/> Food Service/Catering | <input type="checkbox"/> Physical Therapy | |
| <input type="checkbox"/> Grant Writing | | |

Please list your computer skills: Word _____ Excel _____ Access _____ Outlook _____

Please list additional computer experience/skills:

Please list any additional skills that you believe would be an asset as a volunteer:

To the degree I may be given access to the identity and details of persons with lupus and their families, as well as to donors' names and giving history, I will treat this information in strict confidence. I also recognize that the Chapter's staff will provide continuing direction and counsel to me as to the proper use of confidential information.

Date: _____ Signature: _____