



VOLUNTEER INFORMATION FORM

Please Print

Name: _____ Date: _____

Address: _____

(City)

(State)

(Zipcode)

Phone: Home () _____ Other () _____

Email: _____

Occupation: _____

Interests/Skills: _____

Previous Volunteer Experience: _____

How did you hear about the Lupus Foundation?

- Newspaper
- Radio
- TV
- Friend
- Doctor
- Other: _____

What days are you available? (Check all that apply)

- Mon
- Tues
- Wed
- Thurs
- Fri
- Sat
- Sun

What time of day are you available? (Check all that apply)

- Morning
- Afternoon
- Evening

Volunteer Opportunities:

Committees

- | | |
|---|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Clerical (Office) |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Education Series Speaker |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Health Fair Volunteer |
| <input type="checkbox"/> Marketing/Public Relations | <input type="checkbox"/> Speaker's Bureau |
| <input type="checkbox"/> Medical Advisory | <input type="checkbox"/> Support Group Leader |
| <input type="checkbox"/> Program Development | <input type="checkbox"/> Telephone Buddy |
| <input type="checkbox"/> Tennis Shoe Ball | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Walk for Lupus Now | _____ |
| <input type="checkbox"/> WolfRide | |
| <input type="checkbox"/> Youth Retreat | |