

OFFICE USE ONLY

Date Application Received: _____

Date of Follow-Up Call: _____ Staff Member: _____

Entered into Donor Perfect:



500 York Road, Suite 110

Jenkintown, PA 19046

215-517-5070

Toll-free in PA, NJ & DE @ 866-517-5070

Fax: 215-517-8483

www.lupustristate.org

VOLUNTEER APPLICATION FORM

We are putting out a call for your help! As we would like to continue to grow our events, programs and awareness activities, we hope you will consider coming on board to help us grow our army of volunteers and supporters. Please take a few minutes to complete the survey below. Once your application is received, you will be contacted by a staff member. Thank you for your interest in supporting the Lupus Foundation of America.

Name: _____

Company/School: (If applicable) _____

(Please complete a separate form for each co-worker/student.)

Address: _____

City: _____

State: _____ County: _____ Zip Code: _____

Phone: (day) _____

Please list an evening phone number if you would prefer not to be contacted at your daytime phone number.

Email: _____ Fax: _____

I am: _____ a student between the ages of 13-18 _____ a student over the age of 18

_____ between the ages of 25-50 _____ between the ages of 50-65 _____ over 65 years old

Lupus impacts: Myself Family Member Friend

♦I am available the following days/times to volunteer: _____

Why are you interested in volunteering for the Lupus Foundation of America?

Previous Volunteer Experience (or attach resume): _____

Below is a listing of the Chapter's Annual Events. Please indicate any/all that you would like to support:

- | | |
|---|--|
| <input type="checkbox"/> Lupus Links Golf Tournament (July) | <input type="checkbox"/> Bridge Tournament (October) |
| <input type="checkbox"/> Lupus Awareness Month (May) | <input type="checkbox"/> Living Well with Lupus Annual Symposium (October) |
| <input type="checkbox"/> Lupus Loop Run/Walk (October) | <input type="checkbox"/> World Lupus Day Rally (May) |

Please check all volunteer opportunities that are of interest to you:

- | | |
|--|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Office Support (filing, data entry, etc.) | <input type="checkbox"/> Outreach to High Risk Groups |
| <input type="checkbox"/> Publicity/Public relations | <input type="checkbox"/> Speaker's Bureau |
| <input type="checkbox"/> Educational Programs | <input type="checkbox"/> Support Group Facilitator |
| <input type="checkbox"/> Health Fair Volunteer | <input type="checkbox"/> Self-Help Course Leader |

Please check all skills that you possess:

- | | |
|---|--|
| <input type="checkbox"/> Advocacy/public policy | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Management |
| <input type="checkbox"/> Educational/Training | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Video/Photography |
| <input type="checkbox"/> Goal Setting & Planning | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Other Skills |
| <input type="checkbox"/> Group Process & Dynamics | Please list: _____ |
| <input type="checkbox"/> Language Skills | _____ |

Please provide two references:

1. Name: _____

Phone: _____

2. Name: _____

Phone: _____

Signature _____ Date _____

Parent Signature (for students under age 18) _____



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Volunteer Descriptions:

We need dedicated people to help with Foundation projects. Volunteers need to be at least 14 years of age.

Advocacy: Meet with state and federal legislators to ensure that funding is provided for research and educational programs.

Office Support: Answer telephones, prepare mailings and possibly some data entry.

Publicity/Public Relations: Be willing to tell your story about living with lupus. Contact local community newspapers to request coverage of chapter fund-raising events and educational programs.

Educational Programs: Share your expertise as a health care professional, social worker or lawyer to provide information to assist those living with lupus.

Health Fairs: We receive many requests from local churches, universities and hospitals to distribute information about lupus. Most of these requests take place during the spring and summer months.

Community Outreach: Volunteers to contact potential partners by telephone and mail. (e.g. sorority, businesses, civic groups, etc.)

Outreach to High Risk Groups: One of our concerns is increasing awareness within high-risk groups, specifically, African-Americans, Asian and Hispanic communities. The volunteers should be willing to contact church and community groups, distribute literature and arrange for our speakers to address their meetings.

Support Group Facilitators: Must be at least 21 years of age. Facilitators will receive training. Support Groups meet once a month. Most groups do not meet in Jan., Feb, July and August.

Self-Help Course Leader: Must be at least 21 years of age. Leaders are required to complete a formal training program.

