Our mission is to improve the quality of life for all people affected by lupus through programs of research, education and advocacy.

Volunteer Application Form

Date _______________

Personal Information

Name __________________________________________________ DOB____________

Address _______________________________________________________________________

City/State/Zip _____________________

Phone _________________ Cell _________________ E-mail _________________________

Fax__________________

Professional Information

Organization ____________________________________________________________

Title/Job Description _______________________________________________________

Professional Affiliations _____________________________________________________

Volunteer Placement

In determining suitable placement of volunteers, attention will be given to the interests, goals and abilities of the volunteer applicant and to the needs and requirements of the LFA, Texas Gulf Coast Chapter.

Please check the areas that you are interested in as a volunteer:

- Office Assistance → Management
- Support Groups /
  - Education Programs
- Fundraising Events → Fundraising
- Speakers Bureau /
  - Health Fairs
- Outreach/Awareness
Special Talents/Skills

Do you speak Spanish?    Yes _____   No _____

List skills i.e., computer, public speaking, lupus knowledge, telephone/receptionist, good with people, data entry etc.

Describe other types of volunteer activities that you have been involved in:

Please write a brief statement about why you would like to join the LFA, Texas Gulf Coast Chapter volunteer force and what do you hope to accomplish?

Please indicate your preferred schedule:
Day of the week ___________________________ Hours available ________________

References

Name_________________________________________________________________
Address________________
City /State/ Zip _______________________________________________________
Home Phone ____________________ Work Phone ____________________________

Name____________________________________________________
Address_____________________________________________________________
City/State/Zip _________________________________________________________
Home Phone________________________ Work Phone ________________________

Signed _________________________________________ Date ________________

For OFFICE use only.
Volunteer Profile Information

Please return the completed application form to
LFA, Texas Gulf Coast Chapter, 3701 Kirby Drive, Suite 700, Houston, TX 77098
For information call, 713/529-0126 or, 800/458-7870 or Fax-713-529-0780

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