The Lupus Foundation of America, Indiana Chapter functions and carries out its many activities through the generous donation of time and talent of volunteers.

The reasons for becoming a volunteer are as varied and unique as the many volunteers working on behalf of the lupus cause. The personal benefits gained from volunteering for an organization such as the LFA, Indiana Chapter, are countless as well. The camaraderie and friendships gained, the opportunity for personal growth and learning, the chance to share the skills and expertise that each of us have, the therapeutic value of seeking to create positive change for those dealing with this chronic illness, the good feelings arising from contributing to the community, are all awaiting the volunteer.

There are many needs within the Indiana Chapter. Commitments as little as a few hours a month can make a significant contribution to lupus activities carried out by the organization. Please consider becoming a volunteer and supporting those impacted by lupus.

### Volunteer Application

<table>
<thead>
<tr>
<th>Contact Information</th>
<th>PLEASE PRINT</th>
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<tbody>
<tr>
<td>Name</td>
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<td>E-Mail Address</td>
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<tr>
<td>Lupus Connection</td>
<td>☐ I have lupus ☐ I might have lupus ☐ I am a caregiver for an adult with lupus ☐ I am a caregiver for a child with lupus ☐ I have a family member with lupus ☐ I have a co-worker with lupus ☐ I have a friend with lupus ☐ I have lost a loved one to lupus ☐ I am a healthcare professional and/or researcher ☐ I don't have a personal connection to lupus ☐ I prefer not to answer</td>
</tr>
</tbody>
</table>
Interests: Tell us which volunteer areas you are interested in

___ Serve on committee to help plan fundraising events such as Walk to End Lupus Now and A Tasteful Affair
___ Assist in ‘day-of-the-event’ activities at fundraising and educational events
___ Provide office and/or administrative support
___ Make phone calls (event promotion)
___ Lead wellness classes (yoga, tai chi, meditation; must be certified/licensed instructor)
___ Represent the chapter at local health fairs
___ Become a Support Group Meeting Facilitator
___ Show off and donate your professional skills:   ___ Photographer   ___ Videographer
☐ I am fluent in Spanish

Career: Tell us about your career or volunteer talents and skills
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Agreement and Signature
By submitting this application, I affirm that the facts set forth in it are true and complete.

Signature: ___________________________ Date: __________

SIGN AND SUBMIT THE APPLICATION BY ONE OF THE FOLLOWING:

Mail to: 9302 N. Meridian Street, Suite 203, Indianapolis, IN 46260
Fax to: 317.663.1003
Scan and email to: info@lupusindiana.org
For more information, email info@lupusindiana.org or call 800.948.8806 or 317.225.4400