

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

Contact Information PLEASE PRINT

Name			
Street Address			
City			
State		Zip	
County			
Primary Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Secondary Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
E-Mail Address			
Lupus Connection	<input type="checkbox"/> I have lupus <input type="checkbox"/> I might have lupus <input type="checkbox"/> I am a caregiver for an adult with lupus <input type="checkbox"/> I am a caregiver for a child with lupus <input type="checkbox"/> I have a family member with lupus <input type="checkbox"/> I have a co-worker with lupus <input type="checkbox"/> I have a friend with lupus <input type="checkbox"/> I have lost a loved one to lupus <input type="checkbox"/> I am a healthcare professional and/or researcher <input type="checkbox"/> I don't have a personal connection to lupus <input type="checkbox"/> I prefer not to answer		

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