

Lupus Foundation of America, Inc.
Greater Cleveland Chapter
12930 Chippewa Road
Brecksville, Ohio 44141

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Toll Free: 1-888-NO LUPUS

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VOLUNTEER APPLICATION

APPLICATION FOR POSITION AS:

(Please print or type)

- Board of Director
- Committee Chair (specify committee) _____
- Committee Member (specify committee) _____
- Support Staff (specify talents) _____
- Support Group Facilitator (specify group) _____
- Support Group Assistant (specify group) _____

PERSONAL DATA:

Name _____

Address _____
(Street or P.O. Box) (City) (Zip)

Phone _____ Fax No. _____

E-mail _____

Work Phone _____ (if calls are accepted)

EDUCATION AND TRAINING (Please list most recent first)

Name & address of school or course attended	From	To	Degree or Certification

PLEASE CIRCLE THE ACTIVITIES YOU WOULD LIKE TO VOLUNTEER FOR.

- Telephone Skills
- Office Duties
- Bulk Mailings
- Marketing (Press Releases) (Posting Fliers)
- Data Entry
- Office Maintenance
- Website (Maintenance)
- Health Fairs
- Fundraiser
- Membership Drive
- Walk Along Committee
- Golf Committee
- Clambake Committee
- Education Committee
- Advocacy Committee
- Sunshine Committee
- Grant Writing
- Solicitation of Corporate Sponsors
- Patient Education
- Medical Referral List (Maintenance)
- Newsletter Assistant
- Nominating Committee
- Support Group Facilitator
- Support Group C0- Facilitator

What day of the week do you want to volunteer on? (Circle)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time of the day do you want to volunteer? (Circle One)

AM AFTERNOON PM

WORK OR VOLUNTEER EXPERIENCE (Please list most recent first)

Name of Company	Address & Ph. No.	Immediate Supervisor	From	To	Reason for Leaving

Are you currently a member of this or any other non-profit organization? Yes No
 Please list other organization(s), if any _____

Do you feel that you possess a working knowledge of Lupus Erythematosus? Yes No

List additional qualifications, skills or experience you have which may be relevant to the position.

REFERENCES

(Please list references, other than relatives, who have knowledge of your qualifications for the position)

Name	Address	Phone No.	Title or Position

Have you ever been convicted of a misdemeanor or a felony? Yes No
 If yes, please explain. _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the information provided on this application is true and complete to the best of my knowledge. I understand that any falsified information or significant omissions may disqualify me as a candidate for a volunteer position and may be considered justification for dismissal if discovered at a later date.

I authorize The Lupus Foundation of America, Inc. Greater Cleveland Chapter to verify information given in my application and interview and release from liability or responsibility all persons and organizations requesting or supplying such information.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND AGREE TO THE CONDITIONS SET FORTH.

(Signature of Applicant)

(Date)

Please use the space below to briefly describe your strengths and weaknesses and explain your reasons for desiring this position.

FOR OFFICE USE ONLY

Interview Date: _____

By: _____

Disposition: _____