



**Volunteer Application**

*Lupus Foundation of America,  
Greater Ohio Chapter, Inc.  
12930 Chippewa Rd.  
Brecksville, Ohio 44141  
Telephone: 440-717-0183  
Fax: 440-717-0186*

Volunteers are the heart of the LFA, and we could not provide the important services and support to the community - families, caregivers, professionals - without people like you. We appreciate your interest in our organization and we are grateful for your support of our mission.

**Please print your answers & mail or fax to the LFA, Greater Ohio Chapter, Inc.**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Number: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Indicate times available:

- Weekdays                       Evenings                       Weekends

Do you know someone with lupus?

- Spouse                       Parent                       Grandparent  
 Child                       Sibling                       Other:

I am interested in volunteering for the following:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Phone<br>Volunteers | <input type="checkbox"/> Administrative          | <input type="checkbox"/> Bulk Mail                | <input type="checkbox"/> Data Entry          |
| <input type="checkbox"/> Word<br>Processing  | <input type="checkbox"/> Publishing              | <input type="checkbox"/> Public Policy            | <input type="checkbox"/> Health Fairs        |
| <input type="checkbox"/> Outreach Team       | <input type="checkbox"/> Outreach Leader         | <input type="checkbox"/> Public Relations         | <input type="checkbox"/> Speaker's<br>Bureau |
| <input type="checkbox"/> Fundraising         | <input type="checkbox"/> Support Group<br>Leader | <input type="checkbox"/> Support Group<br>Trainer | <input type="checkbox"/> Committee<br>Member |
| <input type="checkbox"/> Other:              |  |   |  |

Please indicate what other interests you might have.

**Background:**

Please indicate what experiences you have in working with someone with lupus.

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Why are you interested in volunteering with the LFA, Greater Ohio Chapter?

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In what areas do you possess special skills or talents?

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What do you like to do in your leisure time?

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What previous or current volunteer experiences have you had?

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What is your educational background?

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What languages (if any other than English) do you speak?

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Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Please provide two references of persons (not relatives) who have worked with you or have known you for at least one year:

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Any applicant convicted of or having charges pending for a felony or misdemeanor involving acts that would pose risks to individuals or to the LFA's credibility is not eligible to be a LFA volunteer.

I, \_\_\_\_\_, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize the LFA to investigate my background to determine my fitness as a potential volunteer.

I understand that the information requested in this application will be used only for the purpose of determining my suitability as a LFA volunteer. If I have successfully completed training and have met all other requirements, and it has been determined that I am a suitable volunteer, I understand that I will be expected to serve a minimum of one year for the LFA Chapter. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to my supervisor with as much advance notice as possible. I will discuss confidential matters only with authorized persons.

I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals, and/or philosophy of the LFA Chapter and their ability to provide quality services to individuals with lupus, my services as a volunteer will be terminated.

I submit the statements on this application are true, complete, and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

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Signature

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Date

Thank you for volunteering your time, talents & service to the LFA, Greater Ohio Chapter, Inc.

Please submit this form to:

LFA, Greater Ohio Chapter, Inc.  
12930 Chippewa Road  
Brecksville, OH 44141