



# Volunteer Application Form

Thank you for your interest in volunteering for a position with the *Lupus Fighters of America Foundation*. Together we can make a difference in our community and spread more Lupus awareness.

Volunteers play a vital role in our community, schools, universities, businesses including our nonprofit organizations. With that being said; all volunteer applications are reviewed with consideration for current and upcoming volunteer opportunities. The information you provide will be stored in confidence under the provisions of the Data Protection Act. Your completed form will be held securely and confidentially. Only authorized management staff will have access to this document.

## Personal Details

Name: \_\_\_\_\_ Mr. Mrs. Miss. Ms.

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

County: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birth-date: \_\_\_\_\_  
Day / Month / Year

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

## Equal Opportunities

We're committed to showing equal opportunities and all volunteer recruitment decisions will be based on merit, suitability for the role and experience. All volunteer recruitment decisions will not be influenced by race, color, nationality, religion, sex, marital status, family status, sexual orientation, disability and or age. Lupus Fighters of America fully endorses a working environment free from discrimination and harassment.

We're committed to standards of excellence in Child Protection practices. You're as a volunteer may incorporate you having direct contact with children. if so; you will be required to complete a Child Protection Form that includes a background check which will be processed by our national office. In the mean time, please complete the question below.

Have you ever been convicted of a felony offense in the United States of America or elsewhere?  
Yes No

If yes, please provide details below

## Your Skills and Interests

1. Have you ever done any voluntary work before? Yes  No   
 If you answered yes, please tell us a little about the experience.

2. Why do you want to volunteer now? What has motivated you to get in touch with us?

3. Do you have any particular skills or qualities that you could use in your voluntary work?

4. Are you applying for a specifically advertised position? Yes  No

If yes, please write the following; Role name \_\_\_\_\_  
 Reference # \_\_\_\_\_

5. What kind of voluntary work interests you?  
 (See 'Categories of Volunteering on our website [CLICK HERE](#) for more information)

- Event Coordinator
- Hospitality Staff
- Sponsorship Advocate
- Educational Tutor
- Chef "Cook" Volunteering
- Fund-raising Advocate
- Any Position: \_\_\_\_\_

6. When are you available for voluntary work?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

7. How long do you intend to volunteer for? \_\_\_\_\_  
 (Note that some opportunities demand a minimum time commitment, i.e. Board level roles)

8. Where do you wish to volunteer? \_\_\_\_\_  
 (Per Event / Lupus Support Group / Educational Training / Open to All Available Options etc.)

9. How did you find out about volunteering with us? (Check those that apply below)

<input type="checkbox"/> Outreach Group	<input type="checkbox"/> Social Media (Facebook/Twitter/Google+)
<input type="checkbox"/> Our Website	<input type="checkbox"/> Media Radio / Television / Newspaper
<input type="checkbox"/> Flier / Poster	<input type="checkbox"/> Other _____
<input type="checkbox"/> Word of Mouth	
<input type="checkbox"/> Another Volunteer	

## References

1.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Position: \_\_\_\_\_  
(If applicable)

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail: \_\_\_\_\_

2.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Position: \_\_\_\_\_  
(If applicable)

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail: \_\_\_\_\_

If you have any queries when completing this application form, please phone [702.900.4707](tel:702.900.4707) or e-mail [lupusfightersofamerica@gmail.com](mailto:lupusfightersofamerica@gmail.com). If you would like to find out more about *our upcoming events, programs and service*, log onto our website at: <http://lupusfighters.org/events>

Is there any additional information you would like to bring to our attention?

I declare that the information I have provided is true. All my actions as a volunteer will reflect the ethos of Lupus Fighters of America and I agree that being Community Driven and Child Centered, when applicable; will be central to my role.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>For office use only</b>	<b>Notes</b>
Volunteer Position: _____	<div style="border: 1px solid black; height: 120px;"></div>
Volunteer Interview: _____	
Volunteer Role Description sent: _____	
References Collected: _____	
Volunteer Start Date: _____	