

FMDSA VOLUNTEER APPLICATION FORM

(PLEASE PRINT)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____ DOB _____

EMERGENCY CONTACT/NAME _____

RELATIONSHIP _____ TELEPHONE _____

CURRENT ASSOCIATION (INDICATE "Y" TO ALL THAT APPLY)

ARE YOU AN FMDSA MEMBER? _____

ARE YOU AN FMD PATIENT? _____

ARE YOU A FAMILY MEMBER OF AN FMD PATIENT? _____

OTHER (PLEASE STATE) _____

VOLUNTEER INTERESTS/SKILLS/EXPERIENCE

PLEASE CHECK FIRST, SECOND AND THIRD CHOICE:

FUNDRAISING _____

ANNUAL CONFERENCE (OBTAINING DONATIONS, SET UP, CLEAN UP) _____

NEWS LETTER (WRITING ARTICLES) _____

MEDIA RELATIONS (WRITING TO NEWSPAPERS, SENDING OUT PSA) _____

LOBBYING (WRITING TO LEGISLATORS, "FMD" DAY) _____

ASSIST A BOARD MEMBER (RESEARCH, TYPING, CALLS) _____

OTHER _____

PLEASE DESCRIBE YOUR VOLUNTEER AND WORK EXPERIENCE THAT WOULD BE HELPFUL IN YOUR ROLE AS AN FMDSA VOLUNTEER.

PLEASE LIST TWO (NON-FAMILY MEMBERS) REFERENCES:

NAME	RELATIONSHIP	TELEPHONE
------	--------------	-----------

NAME	RELATIONSHIP	TELEPHONE
------	--------------	-----------

I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE.

NAME

DATE

SIGNATURE