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) _______
LOYBBING (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.

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PLEASE LIST TWO (NON-FAMILY MEMBERS) REFERENCES:

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I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE.

_________________________________                  ______________________
NAME                                                                      DATE

_________________________________                  ______________________
SIGNATURE