

Saturday May 11, 2024

10:00am - 3:00pm

VOLUNTEER APPLICATION FORM

ABOUT YOU	
Full Name	
Address	
City/State/Zip	
Phone	
Email	
HOW DID YOU HEAR ABOUT VOLUNTEERING? (Please of	check all that apply)
□ Facebook	☐ Word of Mouth (circle one - friend or family member)
□ Nextdoor	☐ Direct Email
☐ Instagram	Other (please indicate:)
WHY HAVE YOU DECIDED TO VOLUNTEER FOR US? (P	Please check all that apply)
☐ I've been inspired by a person with lupus	☐ Connect with the community
☐ I have been diagnosed with lupus	☐ Chance to meet new people
☐ I think it is a good cause	☐ Have an interest in health & Wellness
SKILLS AND EXPERIENCE? (Please check all that apply)	
☐ Communication and interpersonal Skills	☐ Provide manual labor
☐ Customer service skills	☐ Ability to work outdoors in all weather conditions
☐ Enjoy working with people	☐ Ability to multitask
AREAS YOU MAY BE INTERESTED IN VOLUNTEERING	G? (Please check all that apply)
	☐ Traffic and Parking Management
☐ Customer Service Representative	☐ Setup and Tear Down
☐ Exhibitor Liaison	Other (please indicate:)
□ Usher	
olunteer Signature	Date
Parent o	or Guardian signature, if under 18
Jame (print)	Date
ignature	



