

# VOLUNTEER PROFILE

All information is confidential and will not be shared with or sold to any other organization.

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CONTACT NUMBERS:

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

CELLULAR: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ OTHER: \_\_\_\_\_

T-SHIRT SIZE: S M L XL 2X 3X

DO YOU HAVE A COMPUTER AT HOME? \_\_\_\_\_

DO YOU HAVE INTERNET ACCESS AT HOME? \_\_\_\_\_

PLEASE LIST IF THERE ARE ANY SPECIAL ACCOMMODATIONS THAT YOU MAY NEED: \_\_\_\_\_

WHEN COULD YOU BEGIN VOLUNTEERING? (Please indicate actual date): \_\_\_\_\_

WHAT DAYS ARE YOU AVAILABLE? \_\_\_\_\_

WHAT TIME OF DAY ARE YOU AVAILABLE? \_\_\_\_\_

PLEASE LIST ANY OCCUPATION / SKILL THAT YOU WOULD LIKE TO USE TO HELP THE LFA NORTH TEXAS CHAPTER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PLEASE CHECK ALL CATEGORIES THAT YOU ARE INTERESTED IN PARTICIPATING

<input type="checkbox"/>	HEALTH AGENCY FAIRS	<input type="checkbox"/>	HEALTH RESOURCE DIRECTORY
<input type="checkbox"/>	FUND-RAISERS	<input type="checkbox"/>	PHYSICIANS REFERRAL COORDINATOR
<input type="checkbox"/>	SEMINARS	<input type="checkbox"/>	HOSPITAL VISITATION
<input type="checkbox"/>	WEBSITE	<input type="checkbox"/>	PUBLIC RELATIONS
<input type="checkbox"/>	NEWSLETTERS	<input type="checkbox"/>	PROMOTIONS
<input type="checkbox"/>	DIGITAL PHOTOGRAPHY	<input type="checkbox"/>	SPANISH INFORMATION COORDINATOR
<input type="checkbox"/>	MEDIA RELATIONS	<input type="checkbox"/>	SPANISH TRANSLATOR, CONTACT
<input type="checkbox"/>	VOLUNTEER COORDINATOR	<input type="checkbox"/>	COMMUNITY OUTREACH PROGRAMS
<input type="checkbox"/>	SUPPORT GROUP FACILITATOR	<input type="checkbox"/>	BULK-MAIL / FOLDING SORTING
<input type="checkbox"/>	LUPUS PHONE FRIENDS	<input type="checkbox"/>	OTHER:
<input type="checkbox"/>	AUDIO VISUAL TECH FOR EVENTS	<input type="checkbox"/>	



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**North Texas Chapter**

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