

Lupus Foundation of America, Lone Star Chapter

Volunteer Application

Contact Information

Title_____ First_____ Last_____

Email_____

Street Address_____

Address 2_____

City_____ State_____ Zip_____

Phone_____ Cell_____

Emergency Contact

Name_____ Relationship_____

Phone_____ Cell_____

General Information

Employer_____ Title_____

Check all you are interested in

___ Health Fair Representative

___ Advocacy Committee

___ Administrative Help

___ Rally Committee

___ Walk Volunteer

___ Walk Committee

___ Rally Volunteer

___ Gala Committee

What type of volunteer work are you interested in completing?

Check all the days you are available to volunteer

___ Monday

___ Friday

___ Tuesday

___ Saturday

___ Wednesday

___ Sunday

___ Thursday

What times are you available to volunteer?

___ Morning

___ Evening

___ Afternoon

Waiver

I hereby verify that to my knowledge the above information is accurate. I recognize that as a LFA, Lone Star Chapter volunteer, I am a representative of the LFA, Lone Star Chapter and I will follow the guidelines set forth by the said organization.

I wish to volunteer for the LFA, Lone Star Chapter. I understand that the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property. Knowing this and in consideration of being allowed to volunteer, I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY PERSONAL INJURY AND/OR PROPERTY DAMAGE THAT I SUSTAIN OR CAUSE DURING MY PARTICIPATION AS A VOLUNTEER. IN ADDITION, I HEREBY RELEASE, HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE Lupus Foundation of America, Lone Star Chapter, INC. AND ANY OF THEIR EMPLOYEES, VOLUNTEERS, PARTNERS, AGENTS, SPONSORS, BOARD MEMBERS AND SUCCESSORS FROM ANY AND ALL LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY SERVICE AS A VOLUNTEER.

I understand that as a volunteer, I may become privy to confidential information about the LFA, Lone Star Chapter. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about the Lupus Foundation of America internal procedures, business operations, personnel information and the like that is not otherwise publicly disclosed by the Lupus Foundation of America or its Chapters. I will not use any confidential information in any manner that would be detrimental to the LFA, Lone Star Chapter, and I will avoid any actions that might impair the reputation of the LFA, Lone Star Chapter.

*I agree with the terms of the above waiver. Please note: If you are under 18, a parent/guardian is only allowed to accept this waiver.

Sign _____ Date _____

Printed _____