



Scleroderma Foundation Michigan Chapter Volunteer Application

Return To:

Scleroderma Foundation
23999 Telegraph Rd.
Southfield, MI 48033
(248) 595-8526 (T)
(248) 595-8586 (F)
Email: MIchapter@scleroderma.org

General Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Telephone: _____

Cell Phone: _____

E-mail Address: _____

Do you have scleroderma? _____ Do you know someone who has scleroderma? _____

Do you have any volunteer experience? If so please explain. _____

Number of hours available for volunteering:

_____ Per Week _____ Occasional _____ Events Only

_____ Per Month _____ Weekends _____ From Home Only

Best time for volunteering:

Desired Area of Volunteerism: (Circle all that apply)

- Administrative Office Support Volunteer**
- Fund-Raising Volunteer**
- Advocacy Volunteer**
- Support Group Leader Volunteer**

Is there a specific area of interested that you would like to get involved with at the Michigan Chapter that is NOT listed? Please explain.

Employment History:

<u>Company</u>	<u>Date of Employment</u>	<u>Job/Skills</u>

Volunteer Statement

I certify that all the above information I have provided to the Scleroderma Foundation Michigan Chapter is true, complete, and correct. I fully understand that any information provided by me that is found to be false will be sufficient cause to eliminate me from further consideration for volunteer opportunities with the Chapter.

I agree to maintain the confidentiality of the Scleroderma Foundation Michigan Chapter at all times and I will not remove any office supplies from the Chapter office for my personal use. I agree to represent that Chapter in a professional manner and to promote the three-fold mission to the best of my ability.

I certify that I have read, fully understand, and accept all terms of the above Volunteer Statement.

Signature: _____

Date: _____

If under 18 years of age, a parent or legal guardian must provide written consent below before volunteer assignment can be arranged.

Signature of Legal Guardian: _____

Date: _____