
VOLUNTEER INFORMATION FORM

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DATE: _____

PERSONAL INFORMATION

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____

PHONE NUMBER (home) _____ (work) _____

E-MAIL ADDRESS _____

EMPLOYMENT AND EDUCATION

RELEVANT WORK EXPERIENCE: _____

RELEVANT EDUCATION AND TRAINING: _____

RELEVANT VOLUNTEER EXPERIENCE: _____

EXPERIENCE

EXPERIENCE WITH LUPUS (IF ANY): _____

VOLUNTEER INTERESTS AND AVAILABILITY

AREA(S) OF VOLUNTEER INTEREST: _____

REASON FOR VOLUNTEERING: _____

AVAILABILITY (WHEN, HOW OFTEN, HOW LONG): _____

REFERENCES: PLEASE LIST TWO REFERENCES - PERSONAL AND WORK RELATED

NAME _____ PHONE NUMBER _____

NAME _____ PHONE NUMBER _____
