
VOLUNTEER INFORMATION FORM

Lupus SK Society Inc. Box 88, Royal University Hospital, 103 Hospital Drive, Saskatoon, SK S7N 0W8
Website: www.lupussk.com • E-mail: lupus@lupussk.com • Phone: 1-877-566-6123

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 _____
