



**LUPUS ONTARIO
VOLUNTEER
REGISTRATION FORM**

NAME: _____

ADDRESS: _____

CITY: _____ **Postal Code:** _____

TEL.: (____) _____ (Work) (____) _____ (home) (____) _____ (cell)

E-MAIL _____

How did you hear about Lupus Ontario? _____

What skills are you able to offer? _____
(Office; Counselor, Group Leader; Manage Fundraiser, etc.)

How would you like to volunteer? _____
(What tasks interest you)

Have you volunteered before? Yes _____ No _____

If "Yes" please state name of organization(s): _____

Availability _____
(Please specify number of hours per day or week, days per week, weekends, ad hoc projects)

Are you available for training? Yes _____ No _____

What is your preferred location? _____

What are your expectations of this experience ? _____

I would like to become a member of Lupus Ontario. Yes _____ No _____
(\$25 fee renewable annually and includes quarterly newsletter)

A police background check is a mandatory component of volunteering with us.

I have received and reviewed the Lupus Ontario Volunteer Policy and agree to abide by the procedures and protocols outlined.

Signature _____ **Date** _____