

Thank you for expressing an interest in becoming a volunteer for the Arthritis Foundation, Georgia Chapter. Volunteer contributions of time, talent and resources are critical in fulfilling our mission of improving the lives through leadership in the prevention, control and cure of arthritis and related diseases. We have three primary functions which are: raising funds for research, providing information and education to the public, and offering programs to those living with arthritis- to improve their quality of life.

The Arthritis Foundation, Georgia Chapter *requires* each prospective volunteer to:

1. Complete the Volunteer Registration Form
2. Complete the registration process, including
  - Personal references check
  - Interview with Volunteer Coordinator

We appreciate your cooperation and look forward to working with you.

Sincerely,



Shari Alexander  
Operations Coordinator  
Arthritis Foundation, Georgia Chapter

\*\*Please note that your information is handled confidentially, and kept in a secure file accessible only to appropriate staff or volunteers following the receipt of your application.



2970 Peachtree Road, Suite 200  
 Atlanta, GA 30305  
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## VOLUNTEER REGISTRATION FORM

Volunteer Information		
		Date
Name		DOB
Street Address		
City, ST Zip Code		
Home Phone		
Alternate Phone		
E-Mail Address		
Do you have arthritis? If so, what type?		

Interest & Availability		
Why are you interested in volunteering with us?		
How did you hear about us?		
Do you have other volunteer experience? If so, please list.		
Tell us in which areas you are interested in volunteering		
<input type="checkbox"/> Administrative/Clerical	<input type="checkbox"/> Working on a Committee	<input type="checkbox"/> Juvenile Arthritis Activities
<input type="checkbox"/> Health Fairs	<input type="checkbox"/> Events- Day Of	<input type="checkbox"/> Speaker's Bureau
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Events- Planning	<input type="checkbox"/> Fundraising
When are you available?		
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Sunday	<input type="checkbox"/> Flexible	<input type="checkbox"/> Mornings
<input type="checkbox"/> Afternoons	<input type="checkbox"/> All Day	<input type="checkbox"/> Weekends

Please list two references we may contact:	
Name	Phone
Name	Phone

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Agreement and Signature

Should I be accepted as a volunteer, I understand that I am not an agent or employee of the Arthritis Foundation.

I agree to:

- Hold as absolutely confidential all information which I may obtain directly or indirectly concerning patients, doctors, personnel, or donors.
- Donate my services without expectation of compensation or future employment, for humanitarian and charitable reasons.
- Be responsible for maintaining a valid driver's license and motor vehicle insurance in the event I am asked to drive for the Arthritis Foundation
- A background check and providing two references should my placement require it.
- Waive for myself, my heirs, personal representatives, administrators and assigns any and all claims for damages which I may have or that may hereafter accrue to me by reason of my participation in the volunteer programs of the Arthritis Foundation.

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Name (printed)	
Signature	
Date	