



FMDSA VOLUNTEER APPLICATION FORM

Name _____

Address _____

City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____

E-mail address _____ DOB _____

Emergency contact _____

Relationship _____ Telephone _____

Current Association (Indicate "Y" to all that apply)

Are you an FMDSA member? _____

Are you an FMD patient? _____

Are you a family member of an FMD patient? _____

Other (Please state) _____

Have you ever been convicted, pleaded no contest, or pleaded guilty to a felony or misdemeanor?

(Note: A yes answer does not necessarily preclude you)

YES _____ NO _____

Employment: _____

Education:

High school _____

Years of college _____

Graduate level _____

Hours per week/month you expect to be able to volunteer? _____

Volunteer interest/skills/experience:

Fundraising _____ Annual conference _____ Website _____
Newsletter _____ Media relations _____ Lobbying _____
Social media _____ Other _____

Please describe your volunteer/work experience that may be helpful in your role as an FMDSA volunteer:

Please state any other information that you feel would be helpful for us to know:

PLEASE LIST TWO (NON-FAMILY MEMBERS) REFERENCES:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

I certify that all information that I have provided is true.

Name

Date

Signature _____