

Name



NATIONAL HEMOPHILIA FOUNDATION
Central Ohio Chapter

Volunteer Application

Please complete and return by fax, e-mail, or regular mail

834 W. Third Ave. Suite A Columbus, OH 43212

(614) 429-2120 - phone (614)429-2122 - fax ralexander@hemophilia.org

Name

Daytime Phone

Address

Evening or Alternate Phone

City, State, Zip

E-mail Address

I am interested in volunteering: (check one)

Regularly

On Occasion When Needed

If regularly:

How many hours per month? _____

Which day(s) of the week? (please circle)

Sun Mon Tues Wed Thur Fri Sat

Which time(s) during the day? (please circle)

Morning Afternoon Evening All day

I am interested in performing any of the following activities: (check all that apply)

Clerical (mailings, filing, data entry, etc.)

Serving as a mentor (youth or First Step)

Bookkeeping/Accounting

Legislative advocacy

Consumer outreach and engagement

Website, graphic design, marketing, etc.

Coordinating a support group

IT and management information systems

Participating in an event planning committee**

Educational program coordination

** Please fill out a "Committee Membership Application in addition to this form.

Is there an activity you're interested in doing other than the ones listed above? If so, please explain.

May we: (check all that apply)

Send you our newsletter?

List your name in our annual report?

Send you event invitations?

Call you to learn more about you?