



## Illinois Lyme Association VOLUNTEER APPLICATION

The Illinois Lyme Association is looking for volunteers who support our mission. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in our organization.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Any special talents or skills you have that you feel would benefit our organization?

\_\_\_\_\_

Please tell us which areas you are interested in volunteering:

Golf Outing

Fund Raising

Gala

Annual Conference

Symposium

Communication/Social Media

I agree to receive occasional email updates and announcements from ILA. ILA will not distribute my email address, phone number or address to any other individual or organization without my consent. I may opt out any time.

Please indicate days available: Mon Tues Wed Thur Fri Sat

Times available: \_\_\_\_\_

Are you able to travel to volunteer at ILA events \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

As a volunteer of our organization I understand that I will be volunteering at my own risk and that the organization cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature \_\_\_\_\_ Date \_\_\_\_\_

THANK YOU FOR YOUR SUPPORT!