



The Progeria Research Foundation

Volunteer Application

“Together...we will find the cure.”

The Progeria Research Foundation, Inc.
PO Box 3453
Peabody, MA 01961-3453

Tel: (978) 535-2594
Fax: (978) 535-5849
www.progeriaresearch.org

Please help us learn more about you and your volunteer interests. Your answers to the following questions will help us determine how your skills, interests, and availability match our volunteer needs and will be used to determine which volunteer activities you will host. Thank you for your time.

GETTING TO KNOW YOU

Name _____ Date _____

Address _____

Phone (Home) _____ (Work) _____ Fax _____

E-mail Address _____ Date available _____

Please list and describe:

Past volunteer experience _____

Work experience _____

Education (formal or other, please include computer skills) _____

Hobbies/Interests _____

Please provide two personal references

Name: _____ Relationship: _____ Phone: _____

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What prompted you to contact The Progeria Research Foundation?(check all that apply)

- Web site
- Staff – who? _____
- Television program – which one? _____
- Another volunteer – who? _____
- Personal interest on behalf of a family member or friend – who? _____
- Newspaper/Magazine article – which one? (name, issue) _____
- An event – which one? _____

YOUR VOLUNTEER INTERESTS

Which of the following activities would you be interested in hosting/running? Please check only those activities you are willing to be responsible and coordinate as a volunteer to PRF? (Training materials and support will be provided.) Check as many activities as you are willing to be responsible for and circle 2, which are of the most interest to you.

➤ Check all activities you will host to raise funds for researching a cure for Progeria:

<input type="checkbox"/> Bake Sale	<input type="checkbox"/> Setting up Collection Jars at Sports Concession Stands or Stores
<input type="checkbox"/> Car Wash	<input type="checkbox"/> Neighborhood Yard Sale
<input type="checkbox"/> Bottle Can Drive	<input type="checkbox"/> Letter Writing Campaign to neighbors, family, friends, etc.

➤ Additional activities: Please check any of the following fund raising activities if you have had previous experience running a similar event or if you will be assisted by someone who has had experience running a similar event. Please provide details of previous experience for any items checked in the space provided below.

<input type="checkbox"/> Advocacy/Work with Legislators	<input type="checkbox"/> Other special event _____
<input type="checkbox"/> Answering and making telephone calls	<input type="checkbox"/> Raffle
<input type="checkbox"/> Auction (silent or live)	<input type="checkbox"/> Recruiting and Orienting volunteers
<input type="checkbox"/> Benefit Concert	<input type="checkbox"/> Translating – Which Language? _____
<input type="checkbox"/> Campaign Marketing	<input type="checkbox"/> Walkathon or Road Race
Conducting Educational Programs. What type? _____	<input type="checkbox"/> Working with a sports team or community group in a fundraising project. What type of project? _____
<input type="checkbox"/> Golf Tournament	<input type="checkbox"/> Other _____
<input type="checkbox"/> Identifying and Soliciting Sponsors for an Event	

Details of past experiences:

We would like to contact people on our volunteer prospect list about volunteer opportunities as they arise. How often would you like to hear from us?

Once a month twice a year anytime other _____

DEFINING YOUR COMMITMENT

<input type="checkbox"/> 1-3 hours a week	<input type="checkbox"/> 1-3 months
<input type="checkbox"/> 4-6 hours a week	<input type="checkbox"/> 4-6 months
<input type="checkbox"/> 7-10 hours a week	<input type="checkbox"/> 6-12 months
<input type="checkbox"/> more (please explain) _____	<input type="checkbox"/> more (please explain) _____

➤ Please check your preference:

<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons
<input type="checkbox"/> Evenings	<input type="checkbox"/> No preference
<input type="checkbox"/> Work from home	

Which days of the week would you prefer to work? _____

MATCHING YOUR NEEDS WITH OURS

Please describe why you want to volunteer your time and talent.

Why are you interested in The Progeria Research Foundation?

Is there anything else you wish to add that you feel may be helpful to us and to you regarding your volunteering opportunity with The Progeria Research Foundation?

Is there any additional information about our work that we can mail or fax to you?

We sincerely appreciate your interest.
Thank you for taking the time to complete our questionnaire.

You will be hearing from us soon!

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