



Support Group Facilitator Volunteer Application

Name _____
(Last) (First) (M.I.)

Home Address _____

City _____ State _____ Zip _____ Phone _____

E-mail _____ Work Phone _____

About You

I have ___ RLS ___ Periodic Limb Movements (PLMs) ___ both.

How did you hear about this volunteer opportunity at the RLS Foundation?

Why are you interested in starting an RLS support group?

Describe how your volunteer/work experiences will assist you to facilitate an effective group?

Have you even had experience with group meeting facilitation? If yes, where? When?

Volunteer/Work Experience

___ Work ___ Volunteer 1) Organization _____ Dates _____

What type of work did you do? _____

___ Work ___ Volunteer 2) Organization _____ Dates _____

What type of work did you do? _____

References

Please list two personal references who are not related to you:

1) Name _____
(First) (Last)

Address _____ City _____ State _____ Zip _____

Phone _____ How long have you known this person? _____

2) Name _____
(First) (Last)

Address _____ City _____ State _____ Zip _____

Phone _____ How long have you known this person? _____

Have you ever been convicted of a felony? ___ Yes ___ No

The information provided in this application is true and correct to the best of my knowledge. If I am selected as a volunteer with the RLS Foundation, I agree to abide by the Support Group Volunteer Agreement.

Signature

Date

Please sign both this form and the Support Group Volunteer Agreement and return in the envelope provided.

THANK YOU!