



Restless Legs Syndrome Foundation Volunteer Support Group Leader Application

Thank you for your interest in becoming a Volunteer Support Group Leader with the Restless Legs Syndrome Foundation. Please return your completed application to:
Restless Legs Syndrome Foundation • 3006 Bee Caves Road, Suite D206 • Austin, TX 78746
Email to: chiara@rls.org • Fax to: 512.366.9189

Name _____ Application Date _____

Home Address _____

Cell Phone _____ Home Phone _____

Email Address _____

PERSONAL INFORMATION

Gender (*circle one*): Male or Female

Language spoken:

Do you have restless legs syndrome? Yes / No

If no, do you have family/friends with RLS? Yes / No

EDUCATION

Highest Level of Education (*circle one*): High School /College/Technical School / Graduate School

EMPLOYMENT

Current Employer, if applicable: _____

Position/Title _____

Dates of Employment (starting, ending) _____

Company/Employer _____

Address _____

SKILLS & EXPERIENCE

Special training, skills, hobbies _____

Groups, clubs, organizational membership _____

Computer skills/knowledge _____

Please describe your prior volunteer experience (include organization names and dates of service):

1.

2.

3.

Why do you want to volunteer, and what do you hope to gain from this volunteer experience?

Describe how your volunteer/work experiences will assist you in facilitating an effective group or being a contact person in your community?

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

ADDITIONAL QUESTIONS

- Are you a current or former member of the Restless Legs Syndrome Foundation? Yes / No
- Have you visited the Foundation’s website (www.rls.org)? Yes / No
- Do you follow the Restless Legs Syndrome Foundation’s Facebook page? Yes / No
- Do you follow Restless Legs Syndrome Foundation on Twitter? Yes / No
- Do you attend the Foundation’s webinar series? Yes / No
- Are you a member of the Restless Legs Syndrome Foundation’s discussion board? Yes / No
- Have you attended any of the Foundation’s support group meetings? Yes / No
- Are you comfortable advocating for RLS sufferers? Yes / No
- Are you comfortable event planning? Yes / No
- Are you able to easily adapt to changes? Yes / No

REFERENCES

Please list three people who know you well and can attest to your character, skills, and dependability. The Foundation will email a brief questionnaire to these references.

Name of Individual	Relationship to you	Length of relationship	Email Address & Phone

Please read the following carefully before signing this application:

I understand that this is an application and not a commitment or promise of a volunteer opportunity. I certify that I have and will provide truthful information throughout the selection process, including on this application and in interviews with the Restless Legs Syndrome Foundation are true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by a staff member of the Restless Legs Syndrome Foundation. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with the Restless Legs Syndrome Foundation or my termination as a volunteer.

Signature (or type if sending electronically)

Date _____