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## Restless Legs Syndrome Foundation Volunteer Discussion Board Moderator Application

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Thank you for your interest in becoming a volunteer discussion board moderator 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  
Or email to: [clara@rls.org](mailto:clara@rls.org)

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**PERSONAL INFORMATION**

Gender (*circle one*): Male / Female                      Do you have restless legs syndrome? Yes / No

Language(s) spoken: \_\_\_\_\_                      Do you have family/friends with RLS? Yes / No

Are you a current member of the RLS Foundation's Discussion Board? Yes / No

**EDUCATION**

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

**EMPLOYMENT**

Are you retired? Yes / No

Current Employer, if applicable \_\_\_\_\_

Position/Title \_\_\_\_\_

Dates of Employment (*starting, ending*) \_\_\_\_\_

**SKILLS & EXPERIENCE**

Special training, skills, hobbies \_\_\_\_\_

\_\_\_\_\_  
Groups, clubs, organizational membership \_\_\_\_\_

Computer proficiency/skills \_\_\_\_\_

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

1.

2.

3.

What experiences have you had that prepare you to work as a volunteer? How will they assist you in facilitating and moderating online discussion?

Why do you want to volunteer with the RLS Foundation? What do you hope to gain from this volunteer experience?

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.

**ADDITIONAL QUESTIONS**

- Are you a current or former member of the RLS Foundation? Yes / No
- Have you visited the Foundation’s website ([www.rls.org](http://www.rls.org))? Yes / No
- Do you follow the RLS Foundation’s Facebook page? Yes / No
- Do you subscribe to the Foundation's monthly e-newsletter, *eFriends*? Yes / No
- Have you attended any of the Foundation’s virtual webinar series? Yes / No
- Have you attended any of the Foundation’s support group meetings? 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 & Phone Number

***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 will provide truthful information throughout the selection process. All information 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)

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Date \_\_\_\_\_