



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
Or email to: kaleigh@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

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) _____

SKILLS & EXPERIENCE

Special training, skills, hobbies _____

Groups, clubs, organizational membership _____

Computer proficiency/skills _____

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 an effective group or being a contact person in your community?

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

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)? 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
- Do you attend the Foundation’s virtual webinar series? Yes / No
- Are you a member of the RLS 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
- Do you have experience with planning meetings? (not required) 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 |
|--------------------|---------------------|------------------------|----------------------|
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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)

Date _____