

The **Arthritis Foundation, Pacific Region**, serves almost 6.7 million adults and nearly 300,000 children with arthritis and related diseases nationwide. **California Offices:** Los Angeles, Orange County, Santa Barbara, San Diego, Coachella Valley, and Sacramento. **Other Regional offices:** Phoenix, Arizona; Honolulu, Hawaii and Las Vegas, Nevada.

## CONTACT INFORMATION

Name: \_\_\_\_\_ I would like to volunteer at: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you learn about the Arthritis Foundation volunteer opportunities?

## SKILLS AND INTERESTS

\*Other Language:  Speak  Write \_\_\_\_\_  Speak  Write

Briefly describe your volunteer history: \_\_\_\_\_

I want to volunteer for the Arthritis Foundation because... \_\_\_\_\_

What unique skills will you bring to the Arthritis Foundation? \_\_\_\_\_

## AVAILABILITY

Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Morning  Afternoon  Evening

on call

Physical Limitations: (i.e. lifting, standing, sitting) \_\_\_\_\_

Special Accommodations: (wheelchair accommodations, etc.) \_\_\_\_\_

## AREAS OF INTEREST

### ADMINISTRATIVE:

There is always something to do around the office, from mailings, to returning calls, to data entry. Good organization and communication skills would be an advantage.

- Office Assistant
- Data Entry Specialist
- Mailings (seasonal)

### PUBLIC POLICY & ADVOCACY:

- Ambassador (Meet and share your story with local, state and federal legislators)
- Advocate (Engage and share your story virtually with local, state and federal legislators)

**HELP & SUPPORT:**

This is the area of the Arthritis Foundation where the most dedicated volunteers are needed. The Arthritis Foundation provides valued and trusted information and education to help people better manage their arthritis. The Foundation is the 24/7 source for reliable information through our website, mobile applications, toll-free hotline, and local offices. This area of volunteering also provides much personal reward. Training is available.

- Present community education seminars throughout the community
- Represent Arthritis Foundation at a community or worksite wellness event; share educational materials and local resources
- Share educational materials and local resources with participants at one of our signature events (Walk to Cure Arthritis or Jingle Bell Run)
- Educate health care providers about the patient friendly tools.
- Conduct personal follow up calls to consumers that ordered [Better Living Toolkit](#).

**YOUTH PROGRAMS:**

The Arthritis Foundation has an unwavering commitment to serving children and families with juvenile arthritis. To address the unique needs of children and families, the Arthritis Foundation offers community events, medically supervised camps and welcome kits, a new Kids Get Arthritis Too website, the annual National Juvenile Arthritis Conference and a consistent focus on Juvenile Arthritis priorities in our advocacy and research efforts. Background check required.

- Camp counselor at Summer Camp (seasonal)
- Volunteer at Juvenile Arthritis Day
- Join the JA/Young Adult Event planning committee
- Conduct personal follow up calls to families that ordered [JA Power Pack](#).

**EVENT PLANNING - WALK TO CURE ARTHRITIS OR JINGLE BELL RUN/WALK:**

To increase visibility for this important issue the Arthritis Foundation holds two signature festival events throughout the country: Walk to Cure Arthritis and Jingle Bell Run/Walk.

- Day-of volunteer
- Recruit walkers
- Secure in-kind donations
- Join the Planning Committee
- Start a Medical, Corporate, or Family Team
- Nominate your company or physician to become a medical honoree

**EVENT PLANNING - OTHER EVENTS:**

- Commitment to a Cure Gala (Los Angeles)
- Glitz, Glam, Give (Phoenix, Arizona)
- Enterprising Women Event (Phoenix, Arizona)
- Taste of the Town (Hawaii)
- Voices for A Cure-Starring Terry Fator (Las Vegas, Nevada)
- California Coast Classic Bike Tour (Tour starts in San Francisco and ends in Santa Monica)



**FOR OFFICE USE ONLY:**

**EMERGENCY CONTACT INFORMATION**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**REFERENCES:**

\_\_\_\_\_  
(Name) (Relationship) (Phone #)

**Note:** all applicants under the age of 18 must have this application signed by a parent or guardian.

This applicant has my permission to volunteer for the Arthritis Foundation

\_\_\_\_\_  
Parent/Guardian Signature