



The Progeria Research Foundation

Youth Volunteer Application

(For applicants 18 years of age and younger)

“Together...we will find the cure.”

The Progeria Research Foundation, Inc.
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Please help us learn more about you and your volunteer interests. Your answers to the following questions will help us determine how your skills, interests, and availability match our volunteer needs and will be used to determine which volunteer activities you will host. Thank you for your time.

GETTING TO KNOW YOU

Name _____ Date _____ Age _____
Address _____
Day Phone _____ Evening _____ Fax _____
E-mail Address _____ Date Available _____

Please note, If you are under 18 years old or younger, your parent or legal guardian must sign below.

I give permission for my son/daughter _____ (Print Volunteer's Name) to volunteer with and raise money for, The Progeria Research Foundation. I understand that my child will be responsible for hosting a fundraising activity with instruction from The Progeria Research Foundation.

(Parent/Guardian Print Name) _____
(Parent/Guardian Signature) _____ Date: _____.

Past volunteer experience

Work experience

Extracurricular/Hobbies/Interests

Please provide two personal references (ex: baby-sitting, teachers, bosses at work.)

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

How did you hear about The Progeria Research Foundation? (check all that apply)

- Web site _____ Staff - who? _____
- Television program - which one? _____
- Another volunteer - who? _____
- Personal interest on behalf of a family member or friend - who? _____
- Newspaper/Magazine article - which one? (name, issue) _____
- An event - which one? _____

YOUR VOLUNTEER INTERESTS

Which of the following activities would you be interested in hosting/running? Please check only those activities you are willing to be responsible and coordinate as a volunteer to PRF? (Training materials and support will be provided.) Check as many activities as you are willing to be responsible for and circle 2, which are of the most interest to you.

➤ Check all activities you will host to raise funds for researching a cure for Progeria:

<input type="checkbox"/> Bake Sale	<input type="checkbox"/> Car Wash
<input type="checkbox"/> Bottle Can Drive	<input type="checkbox"/> Letter Writing Campaign to neighbors, family, friends, etc.
<input type="checkbox"/> Setting up Collection Cans at Sports Concession Stands or Stores	<input type="checkbox"/> Neighborhood Yard Sale
<input type="checkbox"/> Getting your class, sports team or scout troop involved in a fundraising project what type of project? _____	<input type="checkbox"/> Translating - Language (in which language(s) are you fluent?) _____
<input type="checkbox"/> Selling PRF wristbands NEW!	<input type="checkbox"/> Other _____

DEFINING YOUR COMMITMENT

<input type="checkbox"/> 1-3 hours a week	<input type="checkbox"/> 1-3 months
<input type="checkbox"/> 4-6 hours a week	<input type="checkbox"/> 4-6 months
<input type="checkbox"/> 7-10 hours a week	<input type="checkbox"/> 6-12 months
<input type="checkbox"/> more (please explain)	<input type="checkbox"/> more (please explain)

PLEASE CHECK YOUR PREFERENCE

<input type="checkbox"/> Mornings	<input type="checkbox"/> Evenings
<input type="checkbox"/> Afternoons	<input type="checkbox"/> No Preference
<input type="checkbox"/> Work from Home	<input type="checkbox"/> Other (explain)

Which day(s) of the week would you prefer to work? _____

Is there anything else you wish to add that you feel may be helpful to us and to you regarding your volunteering opportunity with The Progeria Research Foundation?

Is there any additional information about our work that we can mail or fax to you?

Questions? Email: volunteers@progeriaresearch.org

*We appreciate your interest.
 Thank you for taking the time to complete our application.*