

Approved: August 2020

Application for Volunteer Opportunities

Are you interested in serving as Volunteer Member of the Lymphedema Association of Ontario (LAO)? The Volunteer acts in a position of trust for the lymphedema community and is responsible to provide support to the Board of Directors and to Members. The Volunteer helps guide the development of services and programs in response to community need and sets the tone of responsible stewardship to ensure policies, procedures and performance are upheld. The Volunteer may be called upon to speak to Members and others to provide support and/or request support for the LAO.

We are actively searching for new members to help the LAO. We are interested in receiving applications from those living with primary or secondary lymphedema or those having experience with lymphedema as a caregiver or health care professional. We would like representation from all corners of the province. Our hope is to work alongside individuals that have a strong desire to help promote the awareness and education of lymphedema for residents of Ontario.

The details:

1. All volunteers must be Members in good standing.
2. Health care professionals who are Members are also eligible and very welcome.
3. Volunteer meetings will be held virtually, as required and it is anticipated, will be quarterly.
4. Volunteer terms are one to three years.
5. Time commitment is approximately 3-5 hours a month, varying on activity.
6. Volunteers will be expected to sign a Confidentiality Agreement, Conflict of Interest Policy, Privacy of Information Policy and Code of Conduct for Volunteers.

Qualifications

To ensure a strong and effective Volunteer group, the LAO would prefer experience in one of the following areas.

Please check all that apply:

- Community profile/influence
- Previous volunteer experience
- Previous Board experience/governance
- Caregiver to a lymphedema patient
- Health care professional

Please check areas of interest:

- Events/Fundraising
- Membership
- Advocacy
- Corporate Sponsorship

Please contact us at info@lymphontario.ca to request more information or to receive an application.

Volunteer Application Form

Name & Date	
Contact Information Including telephone and email address	
Educational Background	
Work Experience	
Other Volunteer and/or Board Experience	
Proficiency with technology tools (email, Microsoft Word, opening and reviewing documents etc.)	
Skills you think would benefit the organization	
Why you want to become a Volunteer	

Signature: _____

Date: _____