THE LEUKEMIA AND LYMPHOMA SOCIETY

VOLUNTEER CHECKLIST

One person can make a difference! YOU can be that person!

Volunteers play a key role in helping to propel The Leukemia & Lymphoma Society (LLS) in its relentless quest for a cure. We value our volunteers and couldn't do much without them. Volunteers throughout Western PA & WV are involved in every facet of the organization's operations. We invite you to join us! Thank you for your time and cooperation in completing this survey. Questions? Please call 412-395-2873 or 800-726-2873.

Your Name _____ Date _____

Address_____

City/State/Zip_____

Phone (Home)_____ (Work)_____ (Cell)_____

*E-mail Address _____

Employment Information (if applicable):

Company Name_____ Job Title _____

Check one:

Are you a: ❑ Patient ❑ Family Member (Relationship to Patient)_____

❑ Health Care Professional ❑ Caregiver ❑ Other _____

How did you hear of LLS? _____

Patient's Name (*If applicable)* _____

Diagnosis_____ Date of Diagnosis _____

How would you like to volunteer for LLS? (Select all that apply)

Patient Services

Advocacy

- ❑ I would like to receive advocacy email updates to learn how I can assist in the advocacy efforts.
- ❑ I have a close relationship with _____ (name of legislator) and am willing to meet with him/her on an important healthcare issue that may need his/her leadership and guidance.
- ❑ Join the local chapter on an all-day State Advocacy Mission Trip to Harrisburg

Share Your Story

- ❑ Become a trained First Connection Volunteer (trainings occur on an as-needed basis)
- ❑ Be a special honoree at an upcoming fundraising event to help motivate fundraisers and donors.
- ❑ Share a patient drawing, or your story, which will be used for future LLS awards (circle one-drawing or story)
- ❑ Encourage others to donate blood by allowing the Central Blood Bank to use your story or a family member's story to recruit blood donors. *(Please note: The Central Blood Bank is a separate organization from LLS. In checking this, you are allowing LLS to pass your contact information to the Central Blood Bank who will then contact you directly.)*

Education and Awareness

- ❑ Staff a table at a local health fair, hospital or treatment center as needed
- ❑ Assist with the registration table at an educational program
- ❑ Distributing literature and posters to your physician's office or hospital.
  Please list name(s) of facility: _____
- ❑ Attend a monthly Family Support Group in your area (please check one)
  ❑ South Hills ❑ Shadyside ❑ Wheeling ❑ Erie (*all groups are held in the evening)

*continue on reverse

Community/Fundraising Events

____Participate in the **Light the Night Walk** to celebrate and commemorate lives touched by cancer.
❑ Pittsburgh ❑ Erie ❑ Uniontown ❑ Wheeling ❑ Johnstown
Choose one: ❑ Walk individually ❑ Form a Friends & Family team ❑ Be an Honored Patient Survivor
❑ Sponsor ❑ Donate Food for the Walkers ❑ Join the Committee ❑ Other _____

____Participate in an upcoming **Golf Outing** to benefit LLS. I would like more information on:
__ Leukemia Golf Open (Pittsburgh Field Club in June, $2500 per foursome) __Third-party golf outing_____
Choose one: ❑ Foursome ❑ Sponsorship ❑ Join the Committee ❑ Purchase a Program Book Ad
❑ Donate Auction Item *(please specify)* ❑ Tee Sponsor ❑ Other _____

____Help with the annual **Man and Woman of the Year** Campaign.
Choose one: ❑ Help with Candidate Recruitment ❑ Join the Committee
❑ Find out more about being a Candidate ❑ Other _____

____Assist with the annual **Vegas on the Mon at LeMont** event.
Choose one: ❑ Learn more about Sponsorship ❑ Join the Committee ❑ Purchase a ticket ($175 each)
❑ Donate an Auction Item *(please specify)* ❑ Other _____

____Assist with the annual **Derby Day for a Cure** event.
Choose one: ❑ Learn more about Sponsorship ❑ Purchase a ticket ($125 each) ❑ Donate an Auction Item
❑ Other _____

____Tell me more about how to become involved with **Team In Training.** ❑ Marathon/Half ❑Century Ride ❑ Triathlon

____Tell me more about how to become involved with **Race to Any Place** (Stationary Bike Race in February/March) **or Pineapple Classic 5k** (Hawaiian Obstacle Course Race in September).
❑ Race To Any Place (Pittsburgh) ❑ Race To Any Place (Slippery Rock) ❑ Pineapple Classic 5k

____Volunteer to help speak and kick-off **school fundraisers** such as Pennies for Patients, Olive Garden's Pasta for Pennies and Hop for Leukemia & Lymphoma. List School or District if applicable:_____

____Volunteer to be on the **Society's Speakers Bureau** where you will be presenting a prepared presentation regarding LLS to the community as needed.

____Collect donations from friends/coworkers/neighbors/family/etc. for the annual **Mother's Day Tea** Campaign.

____Learn about purchasing **Holiday Cards** through LLS for yourself or your company ($1 per card).

Donor Development

____Request that your employer becomes a corporate sponsor for the Society through a fundraising Sponsorship opportunity. Please list name of company:_____
Is there a certain event that you are interested in for sponsorship?_____

____Request that a member of our **Speaker's Bureau** comes to your company, organization or retirement group to discuss gift annuity and/or community campaigns.
Please list name of organization:_____ Please list contact name and phone no.:_____

____Several options allow individuals, companies and/or foundations to make a contribution while receiving tax benefits. For more details, please check all that apply:
❑ Trusts and Charitable Gift Annuities ❑ IRA , 401(k) or other retirement plan ❑ Matching Gift
❑ Wills and Bequests ❑ Life Insurance by naming the Society as a full, partial or contingent beneficiary

Administrative

____Volunteer in the Pittsburgh office (South Side) during the weekday(s) as needed. Come in to help with important office tasks such as mailings, data entry, labeling, phone calls, etc.
Please list time availability:_____

____Volunteer to help with special events in your geographic area.

Please list any comments or other ways you would like to become involved as a Society volunteer.

_____

Please Return the Completed Survey to:

The Leukemia & Lymphoma Society, 333 East Carson St, Suite 441, Pittsburgh, PA 15219
Phone: 412-395-2873 or 800-726-2873; Fax: 412-395-2888; www.LLS.org/wpa