



MGA VOLUNTEER APPLICATION

Thank you for volunteering to help advance the mission of the Myasthenia Gravis Association. Your contribution helps to support our programs and services, increase awareness and provide professional education. Please complete the information below:

Name _____

Address _____ City _____ State ____ Zip _____

Phone (day) _____ (evening) _____

Email _____

Occupation (current or previous) _____

Volunteer experience _____

- I am a person living with MG I am a family member or friend of a person living with MG

Availability

DAY OF THE WEEK	TIME AVAILABLE	AM/PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Weekends for Special Events		

VOLUNTEER OPPORTUNITIES: (check all that are of interest)

- Office Assistance (mailings, assembling information)
- Mailing List Updates by calling members
- Speaking To Groups about MG & MGA
- Special Events (annual benefit, annual meeting, support groups)
- Other _____