



Stevens Johnson Syndrome Foundation  
PO BOX 350333  
Westminster, CO 80035  
(303) 635-1241

## SJS Support Group Facilitator Volunteer Application

Name \_\_\_\_\_  
(Last) (First) (MI)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Primary Email address \_\_\_\_\_

### About you:

I had SJS/TEN \_\_\_\_\_, My Child had SJS/TEN \_\_\_\_\_

Why are you interested in starting an SJS Support Group?

Have you ever been involved in volunteer work? If yes, where? When?

Have you ever been a group meeting facilitator? If yes, where? When?

Volunteer/Work experience:

\_\_\_ Work \_\_\_ Volunteer 1) Organization \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

\_\_\_ Work \_\_\_ Volunteer 2) Organization \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

References:

Please list two personal references that are not related to you:

1) Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

How long have you known this person?

2) Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

How long have you known this person?

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

The information provided in this application is true and correct to the best of my knowledge. If I am selected as a volunteer with the SJS Foundation, I agree to abide By the SJS Support Group Volunteer Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please sign both this form and the SJS Support group Volunteer Agreement and return to:

**Stevens Johnson Syndrome Foundation**  
**PO BOX 350333, Westminster, CO 80035**



### Support Group Volunteer Agreement

As a Support Group Leader for the Stevens Johnson Syndrome Foundation, I support the foundation's goals of increasing awareness of the signs and symptoms of Stevens Johnson Syndrome & developing effective treatments through medical research. I will assist in the endeavor by developing meetings and facilitating discussions for people with SJS and their families to share their experiences. I will work with the SJS Foundation to provide current information about treatments and ways to communicate with healthcare providers.

As a volunteer Support Group Leader, I agree to:

- Submit a volunteer application
- Represent clearly that you do not have a professional medical background in SJS and that any information you provide is not medical or treatment advice.
- Allow your name, phone number and email address to be listed on the SJS Foundation website and in our quarterly newsletter, and respond to callers Seeking information.
- Notify the Foundation promptly if your contact information changes or you are no longer able to continue as a support group leader
- Keep the Foundation informed as to the group's successes or challenges.

The SJS Foundation agrees to:

- Assist facilitators with support group concerns
- Provide Support group with SJS Fact Sheets
- List the Support Group contact information on the SJS Foundation website and in the quarterly newsletter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print Name \_\_\_\_\_  
(Last) (First) (MI)

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Full Address \_\_\_\_\_