

# FSR Patient Ambassador Application

## General Information

*Fields appearing with a red asterisk are required.*

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Name (first and last)\*

Address\*

Street Address

Address Line 2

City

State/Province

ZIP

Nearest Major City\*

Birthdate\*

Email\*

Phone\*

Facebook ID

Inspire ID

*Please share your Inspire ID name if you are a member of FSR's online support community  
(<https://www.inspire.com/groups/stop-sarcoidosis/>)*

## Narrative Section

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How have you been affected by sarcoidosis?\*

Tell us a bit about yourself (hobbies, family/friends, clubs or community involvement, what you do for work, etc. What gives meaning to your life?)\*

## FSR Patient Ambassador Application

Please describe your involvement with FSR. How did you find out about the Foundation?  
Have you been helped by FSR?\*

Why do you support FSR's work?\*

Why are you applying to be an FSR Ambassador?\*

*What do you hope to gain from the experience?*

What do you think you could contribute to this role and our team?\*

*Please include hard skills as well (e.g. graphic design, public speaking, writing skills, etc.)*

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What achievable and practical goals would you set as an FSR Ambassador?\*

In what team environments have you worked? Please share any examples of leadership roles you've held in the past (volunteer or paid).\*

In what ways are you interested in contributing to our team?\*

*Please select all that apply.*

- Public speaking
- Patient Support
- Supporting research efforts
- Writing
- Fundraising
- Event planning
- Physician outreach
- Advocacy

A Resume and/or Supporting Materials are also requested with your application.

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### References

*We request that applicants provide up to 3 references. We prefer that at least one be a professional reference, someone who you've worked with in a ongoing volunteer or work capacity. These individuals will only be contacted if you are interviewed and provide verbal approval to contact them.*

Reference #1 Name

Email

Phone

Reference #2 Name

Email

Phone

Reference #3 Name

Email

Phone

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### Additional Assets Requested Not Being Considered as Part of Your Application

To streamline the on-boarding process, we request that you also submit the following items and information in advance. Please note that these will not be considered as part of your application, however submitting them in advance will make the on-boarding process easier IF you are offered the position. Completing this application does not guarantee a position on the FSR Patient Ambassador Team. Several of the questions pertain the annual training for FSR Patient Ambassadors in Washington, DC which is by invite only. A welcome letter and formal invitation to the training will be given to those who complete the application, interview with an FSR staff member, and are selected to be a good fit for the program. If you have questions or concerns regarding the program or your application, please direct them to Brittiany Jones at [brittiany@stopsarcoidosis.org](mailto:brittiany@stopsarcoidosis.org) or call 312-341-0500 during normal business hours. Thanks!

#### Shirt Size

- XS
- S
- M
- L
- XL
- XXL
- XXXL

If you are selected to be an Ambassador for the 2019-20 term, do you anticipate being able to attend the annual training in Washington, DC on February 23-24, 2019.

*Please note that while the in-person training is not required, it is highly encouraged if your health and personal schedule allows for it. Most travel accommodations including flight and hotel for the Ambassador (not to include spouses, family, or friends who wish to join you) will be arranged by FSR. It's okay if this changes if you are offered the position and realize at a later date that you will be unable to attend in-person. A live broadcast will be available.*

- Yes
- No

#### Dietary Restrictions

*We do our best at all FSR events to accommodate everyone's preferences, but this is intended to capture allergies and medical concerns related to your diet if you are selected to be an Ambassador and will attend the training.*

#### Emergency Contact Name

Relation to You

Contact Phone



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Accessibility or medical concerns, if any.

If you submit this via email, a photo is requested with your application.  
*Nothing fancy required! Just a great way to put a face to your name*

### Waiver

This Release and Waiver of Liability (the “release”) releases the Foundation for Sarcoidosis Research (FSR) a nonprofit corporation organized and existing under the laws of the United States of America and each of its directors, officers, employees, and agents. By signing my name below, I, The Volunteer, express my desire to provide volunteer services for FSR and engage in activities related to serving as a volunteer. I understand that the scope of my relationship with FSR is limited to a volunteer position and that no compensation is expected in return for services provided by me; that FSR will not provide any benefits traditionally associated with employment to Volunteer; and that I am responsible for his/her own insurance coverage in the event of personal injury or illness as a result of my services to FSR.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless FSR and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to FSR. I understand and acknowledge that this Release discharges FSR from any liability or claim that I may have against FSR with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services.
2. Insurance: Further I understand that FSR does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of FSR beyond what may be offered freely by FSR in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge FSR from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or

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other medical services rendered in connection with an emergency during my tenure as a volunteer with FSR.

4. Assumption of Risk: I understand that the services I provide to FSR may include activities that may be hazardous to me. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release FSR from all liability.
5. Photographic Release: I grant and convey to FSR all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by FSR in connection with my providing volunteer services to FSR.
6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by law. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By choosing "I agree" below, I acknowledge that I have carefully read the release and indemnification, understand the contents, and sign this release as my own free act.

I agree

Signed:

Please print name:

Date: