



Friends of Dialysis

Email: volunteer@friendsofdialysis.org

Website: <https://www.friendsofdialysis.org/>

orga

To create a chapter at your institution please fill out the following information. Please attach institution protocol to creating an on-campus student organization. Submit all documents to info@friendsofdialysis.org.

Institution Information
Name of College or University: Insert Here Mailing Address: Insert Here Date Founded: Insert Here Type of Institution: Campus Location:
Chapter President Information
First Name: Insert Here Last Name: Insert Here Major: Insert Here Title: Insert Here Expected date of graduation: Insert Here School Email: Insert Here
Related Volunteer or Work
Please fill out the following information about your top three meaningful and impactful leadership experiences.
Volunteer Experience #1 Organization Name: Insert Here Start Date: 5/25/22 End Date: 5/25/22 Title: Insert Here Contact Email: Insert Here Describe your leadership experience: Insert Here
Volunteer Experience #2 Organization Name: Insert Here Start Date: 5/25/22 End Date: 5/25/22 Title: Insert Here Contact Email: Insert Here



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Describe your leadership experience: Insert Here
Volunteer Experience #3
Organization Name: Insert Here Start Date: 5/25/22 End Date: 5/25/22 Title: Insert Here Contact Email: Insert Here Describe your leadership experience: Insert Here
Leadership Application: President
How many hours are you willing to commit to start the chapter? What inspired you to become a chapter leader? Insert Here How do you plan to engage members and establish a Friends of Dialysis chapter at your institution? Insert Here What would you do if your team members are not engaged in their work and are holding your team back? Insert Here
Chapter Vice-President Information
First Name: Insert Here Last Name: Insert Here Major: Insert Here Title: Insert Here Expected date of graduation: Insert Here School Email: Insert Here
Related Volunteer or Work
Please fill out the following information about your top three meaningful and impactful leadership experiences.
Volunteer Experience #1
Organization Name: Insert Here



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Start Date: 5/25/22
End Date: 5/25/22
Title: Insert Here
Contact Email: Insert Here
Describe your leadership experience: Insert Here

Volunteer Experience #2

Organization Name: Insert Here
Start Date: 5/25/22
End Date: 5/25/22
Title: Insert Here
Contact Email: Insert Here
Describe your leadership experience: Insert Here

Volunteer Experience #3

Organization Name: Insert Here
Start Date: 5/25/22
End Date: 5/25/22
Title: Insert Here
Contact Email: Insert Here
Describe your leadership experience: Insert Here

Leadership Application: Vice-President

How many hours are you willing to commit to start the chapter?

What inspired you to become a chapter leader? Insert Here

How do you plan to engage members and establish a Friends of Dialysis chapter at your institution? Insert Here

What would you do if your team members are not engaged in their work and are holding your team back? Insert Here