



RESOLVE HELPLINE VOLUNTEER APPLICATION

Today's Date: _____

First Name & Last Name: _____

Phone: _____

Street Address: _____

City/State/Zip: _____

Email: _____

Where are you in your family-building journey? (circle all that apply) In treatment
Pursuing adoption Childfree Taking a break My family is complete

Volunteering for the RESOLVE HelpLine requires that you be able to return calls to people in crisis during a time when you will not be interrupted.

Will you be able to devote 30 minutes per week, biweekly, or per month to return these calls? **(circle your availability)**

Every week Every Other Week Once a Month As an occasional substitute

Special topics with which you have some expertise: (circle all that apply)

Adoption Childfree Newly Diagnosed with Infertility IVF/ART Male Factor
Over 40 Recurrent Miscarriage Secondary Infertility Third Party Reproduction
Financial/Insurance Issues

Other: _____

Please explain: _____

Reasons for wanting to become a RESOLVE HelpLine Volunteer: _____

Please mail completed form to:

RESOLVE: The National Infertility Association
Attn: HelpLine Application
7918 Jones Branch Drive, Suite 300
McLean, VA 22102

Or fax to: 703.506.3266
Or email info@resolve.org