Employer Letter of Support for participation on plida Board of directors OR PLIDA COMMITTEE CHAIR

Name & Last Name Supervisor: Click or tap here to enter text.

Position/ Tittle: Click or tap here to enter text.

Organization: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Volunteer Full Name has generously volunteered to contribute their time and expertise to the Pregnancy Loss and Infant Death Alliance Board of Directors or Name of the Committee .

The Pregnancy Loss and Infant Death Alliance, PLIDA, is the only perinatal bereavement membership

organization in the United States. Our mission is to support care providers whose work supports bereaved families whose baby died. We do this through education, advocacy and networking opportunities for health care providers and parent advocates. We promote the highest quality of consistent, evidence-based care for all families.

As a mostly volunteer organization, PLIDA depends on the accountability of its volunteers and committee members to keep the organization functioning. Each person’s contributions to the organization’s work are essential.

Therefore, your support is needed for Volunteer Full Name participation as a PLIDA Board member and/or Committee Chair. We understand that outside commitments take valued employees away from the workplace, and we appreciate your recognition of the value of the volunteer work of Volunteer’s Name. We are confident that Volunteer Full Name contributions to our organization and the knowledge and skills obtained while serving on the Name of the Committee will ultimately benefit your organization. You can be proud to work alongside someone who is willing to make this important commitment.

We ask that you sign below indicating your support for Volunteer Full Name volunteer work and commitment to our organization and its mission.

Electronic Signature Date: Click or tap to enter a date.

Click or tap here to enter text.

Please type your Full Name

Acceptance Checkbox

I understand that checking this box constitutes a legal signature confirming that I approve and support the time commitment\* required to be a PLIDA Volunteer and Committee Member.

\**Volunteer hours vary per month. Most work can be done outside of regular business hours. However, monthly committee meetings are scheduled during regular business hours, averaging 1-2 hours/month.*