Employer Participation Support letter

Committee Member

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 Name of the Committee .

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

organization in the United States. Our main goal 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 individual contributions to the organization’s work is important, necessary, and irreplaceable.

Therefore, your support is needed for Volunteer Full Name participation as a PLIDA Committee Member. 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, plus the knowledge and skills obtained while serving on the Name of the Committee will ultimately benefit you as the employer. You must 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 varies per month and most of their work is done after business hours and weekend. However, monthly committee meetings are scheduled during business hours, and they average 1-2 hrs. a month.*