



Volunteer Application

Return via email to:
volunteer@pwsausa.org

PWSA | USA encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in our organization.

First Name, Last:			
Street Address, City, State, Zip Code:			
Primary Phone Number:		E-Mail Address:	
<input type="checkbox"/> Cell <input type="checkbox"/> Home			
Experience: (Include both paid and volunteer work experience, beginning with most recent)			
Organization Name:	Address:	Phone:	
From _____ To _____	Supervisor's Name/Title:		
Organization Name:	Address:	Phone:	
From _____ To _____	Supervisor's Name/Title:		
Organization Name:	Address:	Phone:	
From _____ To _____	Supervisor's Name/Title:		
Current License(s):			
Type:	Number:	State:	Expiration Date:
Type:	Number:	State:	Expiration Date:
Education and Training (begin with most recent):			
Institution Name:	City/State:	Degree/Major	Date Attended:
Fluent Language Skills (include sign language):			
Other skills, volunteer experience, etc.:			
Volunteer Opportunities: Check activities which interest you or best represent the skills you possess.			

Prader-Willi Syndrome Association | USA
8588 Potter Park Drive, Suite 500
Sarasota, FL 34238
Main Office: 1-800-926-4797

☐ Fund Raising ☐ Special Events ☐ Advocacy ☐ Projects ☐ Administration/Clerical ☐ Education/Awareness
☐ Public Relations/Communications/Marketing ☐ Leadership ☐ Accounting ☐ IT Support ☐ Graphic Design
☐ Blackbaud

How did you hear about us?

☐ Internet Search ☐ Facebook ☐ Parent Mentor _____ ☐ Phone ☐ Family/Friend ☐ Other _____

Have you ever been convicted of a crime (other than a routine traffic violation)? ☐ Yes ☐ No

Are you licensed to drive a motor vehicle in your state? ☐ Yes ☐ No

Do you consent to a criminal background check? ☐ Yes ☐ No

What is your availability to volunteer:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Times Available:

☐ 9:00AM-11:00AM ☐ 11:00AM-1:00PM ☐ 1:00PM-3:00PM ☐ 3:00PM-5:00PM ☐ 5:00PM-7:00PM

Are you available after hours for special events: ☐ Yes ☐ No

Are you available for short term projects: ☐ Yes ☐ No

Are you available for long term projects: ☐ Yes ☐ No

References: Please list three work-related references.

Name:	Affiliation:	Phone:
1.	1.	1.
2.	2.	2.
3.	3.	3.

Please share a few words regarding why you are interested in volunteering for PWSA | USA:

I do hereby give PWSA | USA permission to inquire into my educational background, references, driving record, police records, employment, and/or volunteer history. I further give permission to the holder of any such records to release the same to PWSA | USA. I do hereby hold PWSA | USA harmless from any liability, whether civil or criminal, that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business, or corporation that provides information or documents to PWSA | USA. I understand that PWSA | USA will use this information as part of its verification of my volunteer application and periodically for evaluation purposes.

Signature: _____ Date: _____

Witness: _____ Date: _____

EMERGENCY CONTACT: _____

Phone: _____ Relationship: _____

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