

MWVA Volunteer Application



Revised
5/15/18

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which times are you available for volunteer assignments? Please specify.

- Friday evening Saturday evening
 Saturday morning Saturday all day
 Saturday afternoon Sunday morning
 I would like to volunteer through-out the year.

Interests

Tell us in which areas you are interested in volunteering

- Contestant Check-in (Friday)
- Contestant Table of Life Display Assistance (Friday)
- Girls Night (Friday night)
- Assisting MWVA Staff (Friday, Saturday, Sunday)
- Gala Event (Saturday night)
- Share your Talent during the Gala Event on Stage (Saturday night)
- Pampered workshops (Saturday morning and afternoon)
- Entire weekend volunteer (Friday, Saturday, and Sunday)
- Stage set up (Saturday morning and afternoon)
- Escorting contestants to appropriate locations (Saturday morning and afternoon)
- On stage assistant (for microphone placement, etc.) (Saturday evening)
- Backstage assistant (Saturday afternoon and evening)
- Education Workshop Leader (Saturday)
- Fundraising (all year)
- Assist with Grant Writing (all year)
- Assist with Contestant Recruitment (all year)
- Assist with Web Development (all year)
- Organize and hold a Fundraiser (all year)
- Share your strength/talent (all year)
- Provide a Service (all year)
- Spread the Word about MWVA (all year)

Mission: "To Educate, Advocate, and Raise Awareness of the abilities and needs of the people with disabilities, in order to influence Attitudinal, Architectural, and Social Change for ALL Virginians."

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	Signature upon check-in
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with the Ms. Wheelchair Virginia Program. **Application deadline is March 11, 2019.**

★The Ms. Wheelchair Virginia Gala Event will be held on March 15-17, 2019 in Fishersville, Virginia at the Wilson Workforce and Rehabilitation Center. Directions and times will be sent out at a later date. ★

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May we contact you for future events? YES NO (Circle One)

Please email or mail this application to:

Emily McGrail
7083 Hickman Cemetery Rd.
Radford, Virginia 24141
emily@mcgrail.com



RELEASE OF LIABILITY STATEMENT

I _____, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless the Wilson Workforce and Rehabilitation Center, and the Commonwealth of Virginia from all liability for any and all risk of damage or bodily injury or death that may occur to me (including any injury caused by negligence) in connection with the 2019 Ms. Wheelchair Virginia Title Event, in which I participate. I likewise hold harmless from liability any person transporting me to or from any pageant activity. I will abide by all safety instructions and information provided to me during the event.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the Commonwealth of Virginia, and if any portion thereof is held invalid, it is agreed the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully read the foregoing release and indemnification and understand the contents thereof. I sign this release as my own free act.

Signature

Date

Witness

Date

