



# Volunteer Application

Return via email to:  
[volunteer@pwsausa.org](mailto: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.

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

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

**Volunteer Opportunities: Check activities which interest you or best represent the skills you possess.**

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

**If you checked parent mentor, please complete parent mentor section at the end of this application.**

**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

**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

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

**References: Please list three work-related references.**

<b>Name:</b>	<b>Affiliation:</b>	<b>Phone:</b>
1.	1.	1.
2.	2.	2.
3.	3.	3.

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

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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: \_\_\_\_\_

**Parent Mentor applicants MUST complete the next section.**

**Parent Mentor ONLY**

Please indicate your age preference:

0-3 Years  3-5 Years  5-8 Years  8-11 Years  11-14 Years  14-17 Years  +17 Years  No Preference

**Mentor Name:**

**Age and gender of your child with PWS:**

Do you have other children?  Yes  No

**Fluent Language Skills (include sign language):**

**In which state do you reside?**

Are you an active member of your local PWSA (USA) chapter?  Yes  No

Have you attended local and/or national PWS related events, conventions, etc.?  Yes  No

Would you be willing to mentor outside of their local area either by phone, email, or Facebook?  Yes  No

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Please describe any experience you may have as an advocate, counselor, or family support person (personal, volunteer, or professional) with people or families living with PWS or other disabilities.

Please explain why you want to become a Parent Mentor; and how you envision being a mentor to a family?

Hours Available (Per Month):

1-2 Hours     2-4 Hours     4-6 Hours     6-8 Hours     More than 8 Hours

What is your occupation?

Do you have any special interests that may help us connect you with a particular family?

Did you have a PWSA (USA) parent mentor when your child with PWS was diagnosed?     Yes     No

If yes, what did you like most AND least about your experience?

Based on your experience, how can we improve the New Parent Mentoring program?

Please indicate your preferred method of contact:

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Cell     Home

I do hereby agree to abide by the PWSA | USA guidelines designed for the Parent Mentor Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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