



# Volunteer Summit Application

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

Because this event is funded by a generous grant, it is important that all attendees are actively engaged and participate in all areas of the summit. By completing and signing this application, you agree to participate in all volunteer summit activities. If attendee does not participate in all activities, your credit card on file will be charged a reimbursement fee of \$650, by PWSA | USA and attendee may be disqualified from participating in future PWSA | USA volunteer events where costs are covered by PWSA | USA

First Name, Last:			
Street Address	City	State	Zip Code:
Primary Phone Number:		E-Mail Address:	
<input type="checkbox"/> Cell <input type="checkbox"/> Home			
How long have you been involved with PWSA   USA?			
<input type="checkbox"/> 0-3 Years <input type="checkbox"/> 3-5 Years <input type="checkbox"/> 5-10 Years <input type="checkbox"/> 10-15 Years <input type="checkbox"/> 15+ Years			
Please indicate at least one or more areas where you have helped PWSA   USA:			
<input type="checkbox"/> Fund Raising <input type="checkbox"/> Parent Mentor <input type="checkbox"/> Advocacy <input type="checkbox"/> Projects <input type="checkbox"/> Administration/Clerical <input type="checkbox"/> Education/Awareness			
<input type="checkbox"/> Public Relations/Communications/Marketing <input type="checkbox"/> Leadership <input type="checkbox"/> Accounting <input type="checkbox"/> Graphic Design			
<input type="checkbox"/> Special Events <input type="checkbox"/> Other: _____			
If you are selected to participate in the first inaugural volunteer summit, what do you hope to learn?			
<input type="checkbox"/> Advanced fund-raising skills <input type="checkbox"/> Parent Mentor program <input type="checkbox"/> How to create, promote and complete awareness/advocacy campaigns			
<input type="checkbox"/> How to share "my" story <input type="checkbox"/> Enhanced communication skills <input type="checkbox"/> Volunteer Leadership Council			
<input type="checkbox"/> Other: _____			
<p><i>I do hereby hold PWSA   USA harmless from any liability, whether civil or criminal, that may arise as a result of attending the Volunteer Summit. I further hold harmless any individual, agency, business, or corporation that provides information, accommodations, food and activities to PWSA   USA during the volunteer summit. I do hereby agree to participate in all volunteer summit activities. In the event I attend and do not participate in all volunteer summit activities, I understand that PWSA   USA will charge my credit card on file in the amount of \$650 to reimburse PWSA   USA for summit expenses. Furthermore, I understand that not participating in the volunteer summit may disqualify me from participating in future PWSA   USA volunteer events where costs are covered by PWSA   USA.</i></p>			
Signature: _____		Date: _____	
Signature: _____		Date: _____	

**Prader-Willi Syndrome Association | USA**  
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 Main Office: 941-312-0400