



## Volunteer Application Form

Thank you for taking time to complete this Volunteer Application for the International WAGR Syndrome Association (IWSA). Your answers are completely secure and no data is shared outside the IWSA. If you have any questions, please feel free to contact us at [reachingout@wagr.org](mailto:reachingout@wagr.org). Once you complete the form, click the Submit button at the bottom.

### CONTACT INFORMATION

First Name	Home Phone
Last Name	It OK to call my home number      YES      NO
Street 1	Cell Phone
Street 2	It OK to call my cell number      YES      NO
City	email
State	Your email address will be used as our primary method for contacting you regarding your volunteer experience. From time to time, we also like to keep our volunteers informed of important news, schedules, and volunteer opportunities by email. We will NOT share your email address with any other entity.
Zip	
Country	

### PLACEMENT PREFERENCES

We have several volunteer opportunities: some can be done locally, and many can be performed virtually. Please review the following volunteer assignment choices and check all that interest you.

Assistant to the President	Coordinate and plan a WAGR Weekend in your area	Assistant to the Education Consultant
Assistant to the Vice President	Host a local community fundraiser for IWSA	Assistant to the Health Consultant
Assistant to the Secretary	Webmaster	Assistant to the Fundraising Coordinator
Assistant to the Treasurer	Assistant Social Media Coordinator	Other

Note: In order to be considered for an officer position, new volunteers must serve a minimum of one year in an Assistant position to that position. These positions include President, Vice President, Secretary, Treasurer or Coordinator/Consultant)

### SKILLS AND EXPERIENCE

In addition to the volunteer opportunities you've selected above, in which of these areas listed below do you feel you have moderate to excellent skills/experience? Check all that apply.

Administrative	Bookkeeping / Accounting	Event Management	Management
Financial Management	Fundraising	Graphic Design	Health Care Provider
Writing/Editing	PR / Media Relations	Public Speaking	Teaching / Education



### **I Agree - Code of Conduct**

I understand and agree that submitting this application form does not automatically register me as an International WAGR Syndrome volunteer, and that there may be certain qualifications I must meet, including the acceptance of the following established volunteer policies and procedures before I may begin volunteering:

Code of Conduct:

I desire to serve as a volunteer with the International WAGR Syndrome Association (IWSA) and help further its stated mission.

As a volunteer, I understand that I may be exposed to confidential information that is defined as inside, personal or sensitive information, and may include contact information, health information, or personal experience stories. By agreeing to this Code of Conduct, I am prohibited from sharing or disclosing this information for any unauthorized purpose, including personal benefit.

In all situations in which the IWSA is involved, I promise to conduct myself according to the standards set forth in the IWSA Volunteer Handbook (available at [www.wagr.org](http://www.wagr.org)) and I understand that it is my responsibility as a volunteer to remain professional, respectful and discreet at all times.

I acknowledge that I have access to the electronic version of the Volunteer Handbook and understand the contents of the Volunteer Handbook. I have now, and in the future, the opportunity to ask and receive answers to any questions I have about the contents of the Volunteer Handbook.

I also understand that I must disclose any of my outside interests that may be in conflict or competition with the interests of the IWSA or that stand to benefit from my involvement therewith, and then refrain from participating in any discussions pertaining to those conflicts.

I understand that the IWSA is not financially or otherwise liable for injury or casualties that occur to anyone while serving as a volunteer for the IWSA.

I hereby grant the IWSA specific permission to reproduce, publish, circulate, copyright, or otherwise use any and all photographs and/ or videotape of me and/or my family taken at any volunteer event, for use by the IWSA.

#### **CODE OF CONDUCT CERTIFICATION AND DISCLOSURE**

By selecting the "I agree" check box, I certify that I have read and understand the IWSA Code of Conduct, I have the opportunity to download and read the Volunteer Handbook at any time, and I agree to comply with the terms therein, as well as applicable laws that impact the IWSA. I also understand that should I not maintain the conduct outlined above, the IWSA reserves the right to terminate my voluntary position immediately. I also have the right to step down from my volunteer position at any time.

<u>Name</u>	<u>Signature</u>	<u>Date</u>
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