

The Myasthenia Gravis Association of Western PA (MGA)

VOLUNTEER APPLICATION

Our organization encourages the participation of volunteers who support the mission of MGA. 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.

Contact information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Interests: Please tell us in which areas you are interested in volunteering with MGA

_____ Administrative Support _____ Event Planning _____ Fundraising Support

_____ Clinical Team Support _____ Education Committee _____ Graphic Design

_____ IT/Technical Support _____ Other: _____

Additional Information:

Please indicate days available to volunteer: Sun Mon Tues Wed Thur Fri Sat

Times available to volunteer: From: _____ To: _____

Any physical limitations? _____

Emergency Contact: _____ Phone: _____

Special Skills or Qualification: Skills and qualifications can be acquired through employment, previous volunteer work, or other activities such as hobbies or sports. What skills or qualifications do you have that you feel can help you as a volunteer with MGA?

Previous Volunteer Experience: Have you worked as a volunteer before? If so, what organization did you volunteer for and what did you do?

It is the policy of MGA to provide equal opportunities to individuals 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 MGA.

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.

Furthermore, as a volunteer of the organization, I agree to abide by the policies and procedures of the organization. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, will not be held responsible for any damage, loss, accident, injury, including death, or health problem which may arise from any volunteer work I perform for or on behalf of the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment, reward or other compensation for that work.

Signature: _____ Date: _____