



# VOLUNTEER APPLICATION

(Please Print)



**PLEASE RETURN THIS FORM TO:**

Vision Forward Association, 912 North Hawley Rd, Milwaukee, WI 53213, Attn: Emily Zajork.  
Any questions, please call 414-615-0179 or email ezajork@vision-forward.org.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mr.  Ms.  Mrs.  Dr. (check one)

Address \_\_\_\_\_ Unit/Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (primary) \_\_\_\_\_ Phone (secondary) \_\_\_\_\_

home  cell  work

home  cell  work

E-mail \_\_\_\_\_ May we contact you by email?  Yes  No

Emergency Contact \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1 \_\_\_\_\_ 2 \_\_\_\_\_ T-shirt: Adult  S  M  L  XL  XXL

**EMPLOYMENT (most recent):**

Company/School District \_\_\_\_\_ From – To: \_\_\_\_\_

Position \_\_\_\_\_

Duties \_\_\_\_\_ Phone \_\_\_\_\_

Languages \_\_\_\_\_ (note whether fluent or conversational)

Certifications \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

CEU credits will be available for all O&Ms who volunteer and support this event.

**PHOTOGRAPH, EDITORIAL AND RECORDING RELEASE**

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_