



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

I hereby authorize Vision Forward Association and Braille Institute of America, Inc. ("BIA") to photograph, videotape, or otherwise record by visual, audio, electronic or manual means, the visual likeness and/or voice or other sounds created by the above named individual (collectively "Reproductions"). Vision Forward and BIA may use or permit to be used the Reproductions in any CD, DVD, exhibition, display, publication, solicitation or promotional or educational material or on any website including without limitation Vision Forward and BIA's website, Facebook, or YouTube without compensation to the contestant, the contestant's heirs, successors or assigns.

Signature _____ **Date** _____