



Wisconsin Registry of Interpreters for the Deaf

## WisRID Fall Conference: Volunteer Application

### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Availability

During which hours are you available for volunteer assignments? (X all that apply)

Friday_____	Saturday_____	Sunday_____
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> All-day
<input type="checkbox"/> All-day	<input type="checkbox"/> All-day	

### Interests

Tell us in which areas you are interested in volunteering

- Display/Expo Tables
- Flex Workers (Placed where is needed)
- Registration Tables
- Workshops
- Banquet (Saturday Evening only)
- Silent Auction

**Paragraph of interest stating what you can contribute to the success of the conference**

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**Person to Notify in Case of Emergency**

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

**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.

I understand I am responsible for my own transportation, accommodations and meals.

I agree to abide by the Volunteer Guidelines as established by the Committee and I will conduct myself as a professional at all times.

Name (printed)	
Signature	
Date	