



Dear Potential Volunteer

Thank you for your interest in volunteering. Without our volunteers our program would not be possible. Whatever opportunity you decide to volunteer for, just know you are making a huge difference in the lives of those who are inspired to help those that can't help themselves.

There are a few different volunteer opportunities to choose from:

In the Office- You can help out with office tasks such as stuffing envelopes, making phone calls, filing, putting together even packages, etc. You can even do these things from home!

At an Event- You can help with registration, hospitality, raffles, etc. (tasks will vary depending on the event)

Auxillary- You can assist National Medical Malpractice Advocacy Association by joining our seasoned professionals group, in helping to fundraise for the cause or by joining a special event committee to help us with event planning and logistics.

To be eligible to be a volunteer you must fill out the volunteer application. When it has been completed you can mail, fax, or scan your application to NMMAA. When application is received, someone will contact you to set up an orientation.

Again, thank you for your interest in our program. If you have any questions, please do not hesitate to contact me.

Sincerely,

Outreach Department

VOLUNTEER APPLICATION

Please print clearly and fill out the application in its entirety

Name (*first, middle, and last*) _____

Address _____ Apt/Suite _____

City _____ State _____ Zip _____

Phone Numbers _____
Cell _____ Home _____

Male () Female () Email _____

Date of Birth _____ *T-shirt Size _____

Employer _____ Position _____

Work Address _____

City _____ State _____ Zip _____

Please list any languages that you speak, read and/or write fluently, in addition to English: _____

Have you volunteered for other organizations? _____ Yes _____ No
(*if yes, please continue below*)

Organization Name: _____

Describe volunteer service below:

Organization Name: _____

Describe volunteer service below:

Please describe any work or personal experience you think might be relevant to our program:

Do you have any hobbies or special talents?

Please list 3 references:

_____ Name	_____ Relationship	_____ Phone Number
_____ Name	_____ Relationship	_____ Phone Number
_____ Name	_____ Relationship	_____ Phone Number

Have you ever been charged with or convicted of the following: (please check yes or no)

(a) Felony? _____Yes No _____

(b) Any crime involving a sexual offense, an assault or the use of a weapon?
_____Yes No _____

(c) Any crime involving the use, possession or the furnishing of drugs?
_____Yes No _____

(d) Reckless driving, operating a motor vehicle while under the influence, or driving to endanger? _____Yes No _____

Release for Publication

Please initial below

During the course of the National Medical Malpractice Advocacy Association experience, there will be occasions when you may be photographed and/or videotaped by staff, sponsors, corporate representatives, media and others. We request permission for your participation. By initialing below, you may choose to grant or deny NMMAA permission to use photographs or videotape yourself, alone or in groups, in newspaper articles, newsletters, web-site, online, brochures, special fundraising activities, scrapbook, videos, and photo albums for use in public understanding and support of the NMMAA program. By granting permission below, you hereby release and hold harmless National Medical Malpractice Advocacy Association from any claims, judgments or demands, which may arise from the use of the above, referenced photographs and/or videotapes.

_____ "YES, I give permission to be photographed and/or videotaped for publication.

Initial

OR

_____ "NO, I deny consent to be photographed and/or videotaped for publication.

Release of Claims

I, _____ (*print your name*) hereby personally, release, indemnify, save ad hold harmless, acquit, forever discharge and waive any claims or causes of action which I may now or hereafter have against National Medical Malpractice Advocacy Association other participating agencies, all corporate sponsors and collaborators, and their respective subsidiaries and affiliates and any and all of their officers, directors, trustees, agents, servants, associates, employees, representatives, shareholders, beneficiaries, successors, and assigns, of all liabilities, claims, actions, damages, costs, or expenses which they or I may now have arising out of or in any way connected with participation in any activities with NMMAA I understand that I am assuming the risk for any activities we participate in.

Signature

Date

Once your application is completed, please mail, fax or scan it to:

National Medical Malpractice Advocacy Association
9119 Hwy 6, Suite 230 Missouri City, Texas 77459
Fax: 713-343-6057 Email: nammv1988@gmail.com