



## Volunteer Opportunity

Thank you for your interest in volunteering your time to the Mississippi disAbility Megaconference.

In order to be a volunteer you must meet the following requirements:

- \*Be 14 years of age and older.
- \* Be up to date on health vaccinations (measles, chicken pox, etc).
- \*Submit a completed application by the stated deadline on the website.
- \*Be willing to volunteer a minimum of 4 hours.
- \*Be an enthusiastic, committed, and sincere individual who truly wants to lend a helping hand.

Once your application is received, someone will contact you to confirm receipt of your application and ask additional questions, if needed. Volunteers will be notified of their acceptance and assignment.

Accepted volunteer candidates will be responsible for returning the following documents after receiving their acceptance email/letter:

- Parental /Legal Guardian Consent Form (if under 18),
- Photo Consent Form, and
- Medical Liability Waiver.

A mandatory training will be provided by the conference representatives the second or third week in June. Once accepted you will have to attend this training or forfeit your opportunity to volunteer. If you are under the age of 18, a parent/legal guardian will be required to accompany you to the training. If you will have a conflict with the chosen training date or time, please contact the representative that will be listed on your acceptance letter.

For those who need community service hours, once you have completed your volunteer duties you will receive a certificate of completion that will list your number of hours volunteered. If you have any questions, please free to contact Shawn at (601) 432-6929 or via email at [ksmith@ihl.state.ms.us](mailto:ksmith@ihl.state.ms.us).

# Mississippi disAbility MegaConference

## Volunteer Roles & Responsibilities

### Registration

The volunteer will be responsible for welcoming attendees and distributing welcome bags, programs, and other registration materials. Attendees will expect you to have the answer, so you will have to familiarize yourself with the conference schedule and room layouts.

### Guides

Guides will be responsible for helping conference participants move between conference activities smoothly by giving directions to conference attendees at his/her posts throughout the conference facility.

### Session Assistants

Assistants will help conference staff and speakers to ensure that the space (seating, AV, etc.) meets the needs of the session host. The assistant will also help with the distribution of session handouts and the collection of surveys.

### Floater

Floater are volunteers who are primarily on call. They will be asked to remain in a certain location and be available to help with various tasks as needed. These tasks may include being microphone handlers during a session Q&A time, assisting conference staff with conference related projects, arranging furniture, and other similar tasks.

### Respite

Volunteers will be primarily interacting with children with disabilities; you will be helping the respite staff make the children's time an enjoyable and fun fill moment.

### Conference Buddy

Conference buddies will be assigned to assist an individual with a disability to safely interact during the conference. Duties may include taking them to the hangout room for a brief moment, helping them decide to attend a breakout session, etc.

**\*\*Each volunteer will be required to attend a mandatory training that will be scheduled in June.\*\***

**Mississippi disAbility Megaconference**  
Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Gender: \_\_\_ Male \_\_\_ Female

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I prefer to be contacted by: \_\_\_ Home # \_\_\_ Cell # \_\_\_ Work # \_\_\_ Email

Are you a student? \_\_\_ Yes \_\_\_ No If yes, what school? \_\_\_\_\_

**I am interested in volunteering in the following area(s):** \_\_\_ Registration \_\_\_ Conference Buddy

\_\_\_ Respite \_\_\_ Floater

\_\_\_ Session Assistant \_\_\_ Guide

**I prefer to volunteer my time on:** \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

Check the time(s) below that you are available to volunteer (pick all that apply):

Wednesday

Thursday

Friday

\_\_\_ 1:30pm-3:30pm

\_\_\_ 8:00am-10:00am

\_\_\_ 8:00am – 10:00am

\_\_\_ 3:30pm-5:30pm

\_\_\_ 10:00am-12:00pm

\_\_\_ 10:00am-12:00pm

\_\_\_ 12:00pm-2:00pm

\_\_\_ 12:00pm-2:00pm

\_\_\_ 2:00pm-4:00pm

\_\_\_ By checking, here you agree that the information you have provided is true and accurate. And that your failure to return the mandatory documents, which will be emailed to you after we process your application, will result in your application being denied.

Mail application to: Mississippi disAbility Megaconference **OR** Email to: ksmith@ihl.state.ms.us  
Attn: Volunteer Coordinator  
P.O. Box 1671  
Jackson, MS 39215