



Adult Volunteer Application (Caregivers, Veterans, Educators, Alumni, Community Members)

Adult Volunteer Application – MCWE 2026

Contact Information

Full Name: _____

Email: _____

Phone: _____ Alt. Phone: _____

City: _____ State: _____ Zip Code: _____

Organization / Affiliation (optional): _____

Select Preferred Service Area

- ☐ Family Welcome / Guest Services
- ☐ Youth Pavilion Support (non-instructional)
- ☐ Stage & Speaker Support
- ☐ Accessibility & Sensory Support Team
- ☐ Logistics / Movement Team
- ☐ I am open to where needed

Event Participation

I am available to support:

- ☐ April 18 – Torch of Care Breakfast
- ☐ April 25 – Expo & Promise Pavilion
- ☐ April 26 – Showcase at Fashion Centre at Pentagon City
- ☐ I can support setup on April 24
- ☐ I can support breakdown April 26–27

Safety & Care Commitment

- ☐ I agree to support youth leadership and follow safety guidelines.
- ☐ I agree to complete a brief training/orientation session.

Signature: _____ Date: _____