



## Volunteer Application Form

### CNS 2019 Annual Meeting

San Francisco | March 23-26, 2019

Volunteering at CNS is a fun and fast-paced job that consists of eight (8) hours of service in exchange for free registration at the meeting. Priority is given to repeat volunteers first. **All volunteer shifts will take place on Saturday, March 23- Tuesday March 26, 2019. Shifts will be either a full 8 hours in one stretch or split shifts. If you cannot work 8 hours in total, please do not apply.**

After basic training, volunteers will be setting up for the conference, collating materials, checking-in registrants, monitoring rooms. It is important to note that much of the time will be spent on your feet, talking with many people, and controlling the crowd. The time goes by very quickly, and volunteers end up meeting new friends & having a lot of fun.

#### Pre-Registration Check-In

- Checking in with supervisor
- Setting up registration area
- Collating giveaways
- Handing out badges
- Answering questions
- Giving directions
- Checking out with supervisor

#### Monitoring Meeting Rooms

- Checking in with supervisor
- Greeting attendees
- Allowing badged attendees to enter meeting rooms
- Sending non-badged attendees to registration
- Filling out room stats form
- Checking out with supervisor

#### Submission Deadline 1/4/19

There are limited volunteer opportunities in exchange for registration fees.

#### Requirements:

- You must be a CNS Student Member.
- You must be pre-registered (paid) to attend the annual meeting at time of application submission or you will not be considered.
- Priority is given to previous volunteers



Full refunds will be issued for confirmed volunteers on March 29, 2019, after the meeting has concluded. Please email your application to [meeting@cogneurosociety.org](mailto:meeting@cogneurosociety.org) at your soonest opportunity to be considered for these coveted positions.

Please email completed form to [meeting@cogneurosociety.org](mailto:meeting@cogneurosociety.org). Thank you for your interest.

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## CONTACT INFORMATION

Name *[Please type or print clearly]*

### 1. Contact Info

Name

School/Affiliation

Email

Mobile Phone

Advisor

Year in School

### 2. Status

CNS Membership Status:  Student  Non-member\*

\*If a non-member your application will not be considered.

Have you already pre-registered (paid) to attend?  Yes  No\*

\*If no, your application will not be considered.

Are you presenting a poster or Data Blitz?  Yes  No

If yes when is it scheduled?\* \_\_\_\_\_

\*you may not volunteer during this session.

### 3. Experience

Please note that we are looking for volunteers with experience organizing and working at events or have an attention to detail. Although, we hope that you enjoy the content of the meeting, your experience with the content does not indicate to us how you will perform at the meeting.

a. Have you volunteered at CNS in the past?  Yes  No  
If yes, when \_\_\_\_\_

b. Have you attended CNS before?  Yes  No If so, when did you attend and what was your experience of the organization of the meeting?

c. Have you had any other experience with meetings/organizations/conferences?

d. Do you have experience planning or organizing an event?

e. Have you volunteered for organizations in the past?

Please email completed form to [meeting@cogneurosociety.org](mailto:meeting@cogneurosociety.org). Thank you for your interest.