

**Volunteer Application**

# Please complete the following information:

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|  **First and Last Name:**  |
|  **Address:**  |
|  **City, State, Zip/Postal:**  |
| **Email: Phone:** |
| **Have you attended any program(s) sponsored by Avenues to Wellness? If yes, which program(s)?** |
|  |
| **\*You may also attach a resume in lieu of the following information Volunteer Experience:** **Organization Name:**  |
| **Dates of Volunteer Commitment: Hours per month:** |
|  **Description of Volunteer Involvement:**  |
| **Organization Name:** |
| **Dates of Volunteer Commitment: Hours per month:** |
| **Description of Volunteer Involvement:** |

**What skills/experience do you have that you might be able to contribute to ATW?**

**(e.g. medical, computer, graphics, organization, public speaking, marketing, fundraising)**

**What do you hope to gain from volunteering with ATW? Are there particular areas of interest or skills you would like to acquire?**

# Please indicate your 1st, 2nd, and 3rd Volunteer preference:

**\_\_\_\_\_ ATW Specials Program:** Outreach and development of nutrition program with cafes

**\_\_\_\_\_ Healthier Living Workshop:** Ambassador to help promote ATW programs within the community

**\_\_\_\_\_ Operations/Admin:** Provider communication, data entry, graphic design, miscellaneous administrative duties

**\_\_\_\_\_ ATW Speaker Series:** Communication, marketing, preparation and class closeout

**\_\_\_\_\_ Special Events:** Volunteers will participate in community planning and preparation for special events

**\_\_\_\_\_ Marketing/Outreach:** Surveying clinicians/public, assist with preparation and distribution of literature and flyers, and ATW promotion

# Please check the boxes that correspond to times that you are available to volunteer for the Center.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day/time** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  **Morning** |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |
| **Late Afternoon** |  |  |  |  |  |

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| --- |
| **To the best of your knowledge, approximately how long do you intend to maintain your volunteer****role at Avenues to Wellness?** |
|  |
| **CERTIFICATION:**I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith. I understand that misinformation or omission of information could result in disqualification and/or termination as a volunteer with the programs. |
| **Applicant Signature Date****Additionally, please attach the following documents:**1. Resume or Work History (optional, highly recommended)
2. 1-2 References
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**Please send your application to ONE of the three options:**

1. E-mail: atwforhealth@gmail.com **(**Please put **VOLUNTEER APPLICATION** in subject line**)**
2. Mail: Avenues to Wellness/Howard Foundation

3 Marcela Drive

Willits, CA 95490

3. Fax: (707) 459-2625

# A completed application must have all required documents in order to be complete.