

VOLUNTEER APPLICATION FORM

The Lone Pine Wellness Program

LONE PINE

WELLNESS PROGRAM

Personal / contact details:

Date	/ /						
Name							
Address							
Phone 1							
Phone 2							
Email address							
Preferred method of contact (circle one)	Phone	Email	Text				
Please indicate the days and times you are available to volunteer	SUN	MON	TUES	WED	THURS	FRI	SAT

Emergency Contact Details:

Name:

Relationship to you:

Phone 1:

Phone 2:

References. Please provide the name and contact details of at least two references:

Name: Personal Professional

Phone1: Phone2:

Relationship to you:

Name: Personal Professional

Phone1: Phone2:

LONE PINE

WELLNESS PROGRAM

Relationship to you:

Name: Personal Professional

Phone1: **Phone2:**

Relationship to you:

Experience and qualifications. Please provide details of experience relevant to this role

Please click any of these skill areas if they relate to you:

- Experience in retail or customer service
- Experience teaching fitness or nutrition classes
- Experience with janitorial duties
- Training/certifications related to health & wellness
- Experience working with youth
- Experience in advertising, media and community outreach

Please elaborate on these experiences in the space below:

Languages spoken

Other voluntary experience

Have you ever been convicted of a felony? (circle one)

YES

NO

If yes, please explain:

Are you required to volunteer? YES NO

If yes, how many hours are needed? Deadline:

Why are you interested in volunteering with The Lone Pine Wellness Program?

Personal Information:	
Age	<input type="checkbox"/> <18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 55+
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Don't wish to answer
Are you a Lone Pine Tribal Member? YES NO	If no, are you requesting a free membership in exchange for volunteering? YES NO
Highest education qualification achieved?	

Privacy statement:	
<p>The personal information on this form is being collected for the purposes of recruiting and selecting volunteers wishing to work with The Lone Pine Wellness Program. The information may also be required for evaluation purposes. Any evaluation reports developed will not identify individual volunteers by name. This information may be shared with The Lone Pine Paiute-Shoshone Reservation Tribal Officers and The Environmental Director.</p>	
<input type="checkbox"/> Please check if you have been recently background checked by OVCD/TANF.	
<p><i>Please read the following carefully before signing this application:</i></p> <p>I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with The Lone Pine Wellness Program that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by The Lone Pine Wellness Program. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with The Lone Pine Wellness Program or my termination as a volunteer.</p>	
Signature:	
Name:	Date:
Parent Signature (if applicant is under 18):	Date:

The Lone Pine Wellness Program is committed to the safety and wellbeing of all people accessing our service. We support the rights of our community members and will act without hesitation to ensure a safe & healthy environment is maintained at all times. We also support the rights and wellbeing of our staff and volunteers and encourage their active participation in building and maintaining a secure, positive and wellness driven environment for all participants.

