

**WORLD WELLNESS WEEKEND
VOLUNTEER APPLICATION**

Name: _____ Date: _____

E-Mail: _____ Birthdate: _____

Primary Phone: _____ Cell Phone: _____

Address: _____

Circle T-Shirt size (men's style): Sm Med Lge X-Lge XX-lge

Have you volunteered for World Wellness before? ____yes ____no

Restrictions (no lifting, unable to be on feet for long periods etc.) _____

Applicable Experience and Special Skills: _____

Anything else about you we should know?

Please list in order of preference the positions you would like to be considered for and if there is a choice of shifts available please indicate your preferred shift times (see Job Description sheet). We will do our best to accommodate your preferences.

1. _____ Shift Times: _____

2. _____ Shift Times: _____

3. _____ Shift Times: _____

Positions are assigned on first come/first serve basis. Please return this form ASAP to World Wellness Weekend: Fax 541 552-1782
e-mail: beachavenue@jeffnet.org mail: 349 E. Main #3, Ashland OR 97520