



support healing, activate hope, promote thriving

VOLUNTEER APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Preferred method of contact: Email Phone

I want to volunteer in the office.

I want to volunteer at an event.

What event? _____

Skills I have to offer: _____

For event only, check where you can and would like to volunteer:

- | | | |
|--|---|--|
| <input type="checkbox"/> Pre-conference | <input type="checkbox"/> Registration | <input type="checkbox"/> Comfort Room |
| <input type="checkbox"/> Brochure Distribution | <input type="checkbox"/> Usher | <input type="checkbox"/> Information Table |
| <input type="checkbox"/> Set-up | <input type="checkbox"/> Transportation | <input type="checkbox"/> Clean Up |
| <input type="checkbox"/> Refreshments | <input type="checkbox"/> Literature | <input type="checkbox"/> Open to Anything |
| <input type="checkbox"/> Lunch | Table/Water | |

If this is a two day event, I am able to volunteer at the event:

- Both Days First Day Only Second Day Only

Mail or fax:

Healing Journeys
P.O. Box 221417
Sacramento, CA 95822
Fax 916-391-1004
Phone 916-391-0549