



INNER VISIONS INSTITUTE FOR SPIRITUAL DEVELOPMENT

Volunteer Application

CONTACT INFORMATION	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

GENERAL INFORMATION
1. Have you attended any IVISD sponsored classes and/or workshops? _____ No _____ Yes If yes, what class and/or workshop and when did you attend? _____ _____ _____
What was the one thing that you either gained and/or learned from this experience? _____ _____ _____
2. What is your goal in serving in this capacity? _____ _____ _____
3. Is it your desire to be a student at IVISD? If finances are the reason you are not entering as a student, what do you believe is the cause of this lack of resources at this time? _____ _____ _____
4. Please briefly describe your volunteer interest/commitment. For Example: Which Program are you interested in volunteering for- workshop, Summer Intensive, Monthly Classes for the Year/Trimester? _____ _____ _____ _____ _____

AVAILABILITY

During which hours are you available for volunteer assignments?

<input type="checkbox"/> Institute-1 st weekend	<input type="checkbox"/> Workshops*/classes/special events- check all that apply:
<input type="checkbox"/> Institute- 2 nd weekend	<input type="checkbox"/> Friday Evenings <input type="checkbox"/> Saturday
	<input type="checkbox"/> Sunday
	<input type="checkbox"/> Weekdays
<input type="checkbox"/> Other (specify days and hours not related to Institute weekends or Workshops)	

***Volunteers for Wonder Weekend are to be Wonder Woman graduates only.**

SPECIFIC INSTITUTE PROGRAM INFORMATION AND COMMITMENT

I understand that: (please place your initials after each statement below)

1. My travel and lodging is my responsibility; _____
2. Institute classes meet October thru June at Inner Visions, Silver Spring, MD _____
3. First full weekend of each month - 1st year _____
4. Second full weekend of each month- 2nd year _____
5. Institute hours are: Friday: 5 pm until 10 pm _____
- Saturday: 8 am until 10 pm _____
- Sunday: 8 am until 5 pm _____

6. 1st year intensive is at Omega Institute, Rhinebeck, NY _____

- I am making a total commitment. Oct. thru June **and** 1st year intensive
- I am making a partial commitment. I am able to attend the following:
 - Summer Intensive (IVISD graduates only)
 - Oct., Nov., Dec. Jan., Feb., Mar. Apr., May, June

*** 2nd Year Summer Intensive is staffed by current volunteers only.**

INTERESTS

Tell us in which areas you are interested in volunteering:

- Administration
- Special Events
- Classroom Environment
- Fundraising
- Deliveries
- Phone bank
- Newsletter production
- Volunteer enrollment
- Website
- Audio Visual Support
- PowerPoint Support
- Drafting and editing documents
- Music Ministry
- Data Entry
- Other _____
(please specify)

SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. **Please provide a copy of your current resume. (1-2 page maximum)**

PREVIOUS VOLUNTEER EXPERIENCE

Summarize your previous volunteer experience.

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PERSON TO NOTIFY IN CASE OF EMERGENCY

Name	
Street Address	
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E-Mail Address	

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.