



You Can Thrive!
FOUNDATION



InnerThrive!



RhythmThrive!



UrbanThrive!



EcoThrive!

VOLUNTEER APPLICATION FORM

Today's Date: _____

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

Are you bilingual? Yes No If yes, what language(s)? _____

Are you capable and comfortable of performing in 15 minute limit with your modality? Yes No N/A

Why do you wish to volunteer in this community? _____

PLEASE CHECK THE MODALITY / SERVICE(S) YOU WOULD LIKE TO PROVIDE:

- Interpreter** Spanish Mandarin Cantonese
- Support Staff** Interested in Events Outreach Fundraising Mailings Office Work PR
- Acupuncture** How many rooms can you handle at once? 1 2 3 4 5 Rooms. License # _____
- Massage** Swedish Shiatsu (acupressure) Rosen Lymphatic Drainage Other _____
- Therapeutic Imagery** **Reflexology** **Aromatherapy** **Patient Advocate/Support**
- Exercise/Dance** **Nutritional Coach** **Therapeutic Audio** Other _____

Please list your experience, schooling and/or years in practice for the modality type(s) you checked above.
We will also request copy of license and current insurance liability information for our records for all licensed modalities.

PLEASE SUPPLY 3 PERSONAL AND/OR PROFESSIONAL REFERENCES:

Name: _____ Phone: _____ Relationship & Years known: _____
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VOLUNTEER SHIFT REQUEST

Volunteers are requested to make a six month commitment to serve at least one Sunday shift 3-5 hours per month
In addition attendance at occasional staff meetings and review of pertinent information in staff primer.

I am willing to commit to 6 months of service: Signed: _____ Date: _____

You Can Thrive! Integrative Wellness Center is located at **95 University Place 8th Floor, New York, NY 917.463.4267**