



**WORLD HEALING INSTITUTE
VOLUNTEER INFORMATION SHEET**

NAME _____

MAILING ADDRESS _____

PHONE _____ **CELL PHONE** _____

EMAIL _____

Do you prefer to be contacted by: email or traditional mail (circle one)

Have you attended WHI programs in the past? Yes ____ **No** ____

If yes, which program(s)? _____

What capacity? (volunteer, participant, etc) _____

Briefly describe your experience and share any comments: _____

Are you interested in volunteering at WHI? Yes ____ **No** ____

If yes, what skills would you like to share? _____

Do you have any special certifications or training that you could utilize? ____

Languages other than English: _____

What program topics/themes are you most interested in:

- ___ **Children's Programs (any particular age group? _____)**
- ___ **Adults' Programs** ___ **Environment** ___ **Metaphysical/Spiritual**
- ___ **Alternative/Holistic Healing** ___ **Arts (what form: _____)**
- ___ **Nutrition** **Other:** _____

Additional Comments: _____