Insight Community of the Desert – Volunteer Information Sheet

Name: _____ Date: _____

Address: _____

Cell: (_____) _____-_____ Home: (_____) _____-_____

Email: _____ *(Our best way to contact you)*

Profession / Occupation: _____

Other Organizations you have Volunteered for:_____

_____ Tell

us a little about your meditation and/or retreat experience: _____

_____

How long have you attended Insight Community of the Desert? _____

Physical limitations? Please describe: _____ How

would you like to volunteer and/or what skills would you like to offer? _____

_____

How much time can you offer as a volunteer? _____

(e.g., 1 hr/week, 1 day/month, occasional projects, back up or on call volunteer)

Would you like to be contacted for upcoming events where extra help is needed? _____

What are your goals in volunteering? _____

Additional information or questions: _____

_____

Emergency contact: _____ Phone _____

Please email your completed PDF to: info@desertinsight.org

Thank you for your interest. Many blessings!