



**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: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship & Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship & Years known: \_\_\_\_\_

### 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**