



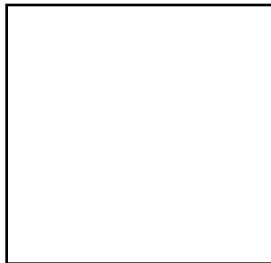
**TAO**  
FELLOWSHIP

3500 E Bill Gray Road, Cottonwood, AZ 86326  
Phone: 928-204-3391 1-800-875-2256 Fax: 928-204-4421  
[www.taofellowship.org](http://www.taofellowship.org)

## Volunteer Program Application

Please write or print clearly

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
 Occupation(s) \_\_\_\_\_



**You must be 21 years or older to participate in this program.**

Please enclose a copy of a valid photo ID that shows your age.

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Gender:  Male  Female Age \_\_\_\_\_

Marital Status \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Length of commitment \_\_\_\_\_ Months (More than a full one month commitment required)

### Education/Career/Skills

Highest Level of Education \_\_\_\_\_

If higher than Post graduate school, please specify Degree/Field of Study \_\_\_\_\_

Foreign languages spoken and degree of fluency:

| Languages | Fluent                   | Read                     | Write                    |
|-----------|--------------------------|--------------------------|--------------------------|
| _____     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

List your skills and indicate proficiency level:

| Skills | Proficient               | Workable                 | Needs improvement        |
|--------|--------------------------|--------------------------|--------------------------|
| _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Current Employer \_\_\_\_\_ Position \_\_\_\_\_

Previous Employer \_\_\_\_\_ Position \_\_\_\_\_

### Person to contact in case of emergency

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day phone \_\_\_\_\_ Evening Phone \_\_\_\_\_



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1. Why do you want to volunteer at Tao Fellowship and what will you contribute to Tao Fellowship and to the volunteer community?

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4. Describe a community-living experience in your life and how it contributed to your growth.

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**Health Information** (Please answer the following questions completely and truthfully)

1. Briefly describe your current overall health.

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6. Are you currently seeing a physician or mental health professional?

Yes  No If yes, for what conditions?

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12. Have you been hospitalized within the last three years for medical or psychological care?

Yes  No If yes, please explain.

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7. Are you currently taking any medications?

Yes  No If yes, which medications and for what conditions?

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9. Have you ever had an alcohol- or substance-abuse problem, or any other kind of addiction?

Yes  No If yes, please explain.

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13. Do you smoke?

Yes  No If yes, please review the Volunteer Program's tobacco policy.

14. Have you ever been arrested and/or convicted of a crime?

Yes  No If yes, please explain.

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**Professional References**

(Please include one Tao Fellowship affiliated contact and two non-affiliated professional contacts.)

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Company/Organization \_\_\_\_\_ Relationship \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_

.....  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Company/Organization \_\_\_\_\_ Relationship \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_

.....  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Company/Organization \_\_\_\_\_ Relationship \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_

**Tao Fellowship Volunteer Program’s Alcohol, Tobacco, and Drug Policy**

Tao Fellowship’s Volunteer Program supports a holistic health environment. As such, volunteers are not permitted to consume alcohol in the premise of Tao Fellowship. Illegal or illicit drug use or sale, underage drinking, driving while intoxicated, or inappropriate alcohol-related behaviors are strictly prohibited. Smoking is not permitted in the entire premise of Tao Fellowship.

**Agreement**

I understand that the Tao Fellowship Volunteer Program requires references and a background check before my application for the program will be considered.

I understand that there are no medical practitioners on staff at Tao Fellowship. I also agree that in the event of an acute illness and/or injury, you will seek medical attention from a physician.

I understand that the volunteer program is designed for emotionally and physically healthy individuals. I warrant that I have been examined by a licensed physician within the past six months and found to be in suitable condition to perform normal daily physical and mental activities, and I agree to cover any medical or psychotherapeutic costs I incur while a participant in the Volunteer Program.

I understand the volunteer program requires a significant commitment of time and agree to commit at least one full month to the program.

I understand that participants of the program should abide by the rules and regulations of Tao Fellowship and the volunteer program, and that individuals who fail to adhere to the boundaries of the program or are not seen as a good fit with the program (as determined by Volunteer Program administrators), will be asked to leave the program.

I have read, understand and agree to all the terms and conditions of this application. I understand that withholding information can lead to termination of my participation in the Volunteer Program at Tao Fellowship. By signing below, I certify that all the information included in this application is true and complete and authorize Tao Fellowship to contact the listed references and conduct background check for the purpose of determining my suitability as a volunteer.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date