



Yoga Community Connection Volunteer Application

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Day #: () Cell #: ()
 Eve #: () E-mail Address: _____

CONTACT IN CASE OF EMERGENCY

Full Name: _____ Day #: ()
 Relationship to you _____ Eve #: ()

AFFILIATIONS

Are you an educator?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, please explain	_____
Are you a parent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, please explain	_____
Are you a yoga instructor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, please explain	_____
Do you attend school?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

If yes, which one(s) and what is your degree program?

HOW DID YOU LEARN ABOUT YCC's VOLUNTEER PROGRAM?

- | | | |
|---|--|--|
| <input type="checkbox"/> Attended a yoga class | <input type="checkbox"/> YCC's website | <input type="checkbox"/> United Way |
| <input type="checkbox"/> YCC volunteer referred | <input type="checkbox"/> Newspaper, magazine | <input type="checkbox"/> VolunteerYourTime website |
| <input type="checkbox"/> Referred by a friend | <input type="checkbox"/> TV or radio | <input type="checkbox"/> YCC instructor/volunteer |
| <input type="checkbox"/> YCC newsletter | <input type="checkbox"/> School or agency | <input type="checkbox"/> Other |

If other, please explain: _____

BACKGROUND, SKILLS & INTERESTS

Are you: Student Employed Retired Unemployed Other

If employed, where? _____

Education/Special skills: _____

Previous volunteer experience: _____

When are you available to volunteer?

Mornings:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Afternoons:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Evenings:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun

What physical/medical limitations should be taken into consideration when arranging volunteer assignments for you?

Please check all your volunteer interest areas:

Administration

- Processing registrations; taking calls, emails, etc. and sending confirmations
- Answering questions about workshops and in-services
- Tracking Data of Workshop and TOP participants
- Coordinate volunteers

Marketing

- Brainstorming, searching for public relation opportunities
- Flyers, newspaper adds, emails, mailings
- Web site design and/or maintenance
- Write copy for brochures, etc.
- Take photos/video of workshops and classes

Education

- Program Development
- Create educational materials; songs, handouts, graphics
- Create bi-lingual materials, songs, handouts, graphics
- Visit classrooms
- Speaker's bureau

Development

- Be a board member
- Serve on a board ad hoc committee (but not an official board member)
- Researching studies/articles
- Grant writing

Events

- Assist at workshops
- Help with fundraising event
- Yoga demonstrations
- Provide childcare

Other: _____

TELL US:

Why would you like to volunteer with Yoga Community Connection?

*Questions? Contact Jonathan Garber at 246-8515 or jgarber@ycc-inc.org
P.O. Box 259825, Madison, WI 53725*