

Collin County Master Wellness Volunteer Program Application – due no later than January 22, 2016

Please print or type all information. Upon completion, return with \$80 registration fee (make checks payable to FCS Committee) to Carrie T. Brazeal, Texas A&M AgriLife Extension Service, 825 N. McDonald, Suite 150, McKinney 75069.

Name: _____

E-mail Address: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number(s): Home _____ Cell _____ Preferred? _____

Emergency Contact Name: _____ Phone Number: _____

Are you available to participate on the training dates? _____

Are you currently employed? _____ If so, where? _____

Please list any volunteer work experience: _____

List any experience you have working with community-type organizations (schools, youth, churches, senior citizens, etc.): _____

List additional interests, skills, hobbies: _____

List any post-secondary education/diploma and/or certifications:

(continued)

Check (✓) the times you may be available to volunteer:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Why do you want to become a Master Wellness Volunteer? _____

Feel free to add any additional information you would like to share: _____

I would like to become a Master Wellness Volunteer. I understand that should I be selected for the training program, I will be required to complete 40 hours of training. Upon completion of the training, I will be required to return 40 hours of volunteer service by the end of the year under the direction of the county Extension agent. I also understand that as a volunteer, I will represent Texas A&M AgriLife Extension Service and will be called upon to provide educational programs and disseminate educational materials. I also understand that in this capacity I cannot use my status as a volunteer to promote any personal opinions, business, or services or the opinions or services of other companies or agencies. I must present the research-based information on which Texas A&M AgriLife Extension Service's educational programs and services are based.

My signature below indicates that I do not have a conflict of interest and that all of the information contained in this application is true and accurate to the best of my knowledge.

Signature

Date

Printed Name