



Prism Health North Texas Volunteer Application

Contact Information	
Name	
Preferred Pronouns	Primary Phone
Street Address	
City/State/Zip	
Email Address	
<input type="checkbox"/> Yes, I am 18 years or older	

Availability	
During which hours are you available for volunteer assignments?	
<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings

Interests	
<input type="checkbox"/> LifeWalk – Oct. 9, 2016	<input type="checkbox"/> Phone Banking
<input type="checkbox"/> LifeWalk Steering Committee	<input type="checkbox"/> Administrative / Mailings
<input type="checkbox"/> Event Support	<input type="checkbox"/> Clothes Closet
<input type="checkbox"/> Agency Drives	<input type="checkbox"/> Other:
<input type="checkbox"/> Community Outreach	

Gifts You Bring to the Team	
<input type="checkbox"/> Organizational Skills	<input type="checkbox"/> Content Writing
<input type="checkbox"/> Social Media Know How	<input type="checkbox"/> Specify a gift you want to bring to the team:
<input type="checkbox"/> Graphic / Layout Design	
<input type="checkbox"/> Web/App/New Media Development	
<input type="checkbox"/> Event Leadership	
<input type="checkbox"/> Stewardship Experience	

Education History	
<input type="checkbox"/> Some High School	<input type="checkbox"/> High School
<input type="checkbox"/> Associate’s Degree	<input type="checkbox"/> Some College
<input type="checkbox"/> College Degree	<input type="checkbox"/> Post-collegiate Degree



Add'l Orgs You Partner With (Org. Name / Volunteer Title)	

Person to Notify in Case of Emergency	
Name	
Relation	
Primary Phone	

Who To Contact
<p>Please return this application and the accompanying confidentiality agreement to Wynn Hawker-Boehnke, the Prism Health North Texas Volunteer Coordinator, via email, volunteer@prismntx.org, or mail your completed materials to:</p> <p>Prism Health North Texas Attn: Wynn Hawker-Boehnke 351 West Jefferson Blvd., #300 Dallas, TX 75209</p>

Our Policy
<p>It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age or disability. Thank you for completing this application form and for your interest in volunteering with us.</p>

Agreement and Signature	
<p>By submitting this application, I affirm that the facts set forth in it are true and complete. I understand and I have read and understand all volunteer guidelines that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.</p>	
Name (print)	
Signature	
Date	