



989 S MAIN ST STE A PMB 605 COTTONWOOD, AZ 86326
 Phone : 928-204-3391 / 1-800-875-2256 Fax : 928-204-4421
 www.sedonamagoretreat.org

Volunteer Program Application

Please write or print clearly

Last Name _____ First Name _____ Middle Initial _____

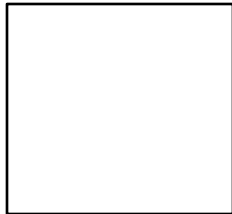
Street Address _____

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?

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

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

1. Briefly describe your current overall health.

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

Yes No If yes, for what conditions?

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

Yes No If yes, please explain.

4. Are you currently taking any medications?

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

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

Yes No If yes, please explain.

6. Do you smoke?

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

7. 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 premises of Tao Fellowship. Illegal or illicit drug use or sale is strictly prohibited. Smoking, drinking alcohol and eating meat is not permitted in the entire premises of Tao Fellowship.

Agreement

In consideration of participation in the Volunteer Program (“Program”) of Tao Fellowship, I, the undersigned, for myself, my personal representatives, assigns, heirs, and next of kin, agrees to the following terms:

1. I understand that the Program requires references and a background check before my application for the Program will be considered.
2. I understand that there are no medical practitioners on staff at Tao Fellowship. I also agree that in the event of an illness and/or injury, I will seek medical attention from a physician.
3. I understand that the 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 Program.
4. I understand that Either Sedona Mago Retreat Center or I may terminate the relationship between Sedona Mago Retreat Center and me at any time with or without cause. In particular, I understand that participants of the Program should abide by the rules and regulations of Tao Fellowship and the 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.
5. Any dispute or claim relating in any way to, the Program, the relationship between me and any of the Benefited Parties (as defined below) or products or services provided by any of the Benefited Parties (hereafter “Dispute”) will be resolved by binding arbitration, rather than in court. The arbitration will be conducted by the American

Arbitration Association (hereafter "AAA") under its rules. The AAA's rules are available at www.adr.org or by calling 1-800-778-7879. Payment of all filing, administration and arbitrator fees will be governed by the AAA's rules. The arbitration will be conducted by a single, neutral arbitrator and will take place in the State of Arizona or at another mutually agreed location. Any arbitration, lawsuit or other proceedings to resolve a Dispute will be conducted on an individual basis and not in a class, consolidated, collective or private attorney general action. If for any reason a Dispute proceeds in court rather than in arbitration, Tao and I will waive any right to a jury trial. All aspects of the arbitration shall be strictly confidential and nothing from the arbitration shall be made public. This Agreement, as well as any and all Disputes, will be governed by and construed in accordance with the Federal Arbitration Act, applicable federal law, and the laws of the State of Arizona without regard to any conflict or choice of law principles. For the purposes of this paragraph, the term "Benefited Parties" means Tao Fellowship, persons or entities that referred me to Tao Fellowship, persons or entities to whom Tao Fellowship referred or will refer me, persons or entities participating the delivery of the Program and owners or lessors of the premises used for the Program and all their respective employees, servants, agents, principals, directors, managers, volunteers, shareholders, founders, officers and affiliates.

6. 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. I understand that withholding information can lead to termination of my participation in the Program at Tao Fellowship.

I have read, understand and agree to all the terms and conditions of this application.

Signature _____

Date _____