

Insight Community of the Desert – Volunteer Information Sheet

Name: _____ Date: _____

Address: _____

Cell: (_____) _____ - _____ Home: (_____) _____ - _____

Email: _____ *(Our best way to contact you)*

Profession / Occupation: _____

Other Organizations you have Volunteered for: _____

Meditation and/or retreat experience: _____

How long have you participated in Insight Community of the Desert? _____

Physical limitations? if any, please explain: _____

How would you like to volunteer and/or what skills would you like to offer? _____

How much time can you offer as a volunteer? _____

(egs., 1 hr/week, 1 day/month, occasional projects, back up or on call volunteer)

Would you like to be contacted for upcoming events where extra help is needed? _____

What do you want out of volunteering? _____

Anything else you wish to add? _____

Emergency contact: _____ Phone _____

Return to: Greg Varra, Volunteer Coordinator or Email: greg@desertinsight.org