

Return completed form to:  
Quan Yin Healing Arts Center  
30 Albion Street,  
San Francisco CA 94103

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency contact/relationship \_\_\_\_\_ Phone \_\_\_\_\_

Place of current employment or school. Please describe including schedule, goals etc.

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Length of time you feel you can commit? \_\_\_\_\_

Please tell us about your previous volunteer experiences:

\_\_\_\_\_  
\_\_\_\_\_

Have you experienced acupuncture, massage therapy, or Qi Gong personally? Please tell us about it:

\_\_\_\_\_  
\_\_\_\_\_

Please tell us why do you want to become a volunteer?

\_\_\_\_\_  
\_\_\_\_\_

Are you currently being treated for alcoholism or substance abuse? Y N  
If yes, please explain.

Are you anticipating a vacation or currently seeking employment? Y N  
If yes, please explain.

Please check any skills that you would like to share.

<input type="checkbox"/> massage therapy	<input type="checkbox"/> graphic design	<input type="checkbox"/> carpentry/electrical work
<input type="checkbox"/> general office	<input type="checkbox"/> web design	<input type="checkbox"/> fundraising
<input type="checkbox"/> writing	<input type="checkbox"/> research	<input type="checkbox"/> cooking

Other skills or areas of expertise- including software programs:

\_\_\_\_\_  
\_\_\_\_\_

**References — Please list 3 people not related to you whom you have known for at least one year.**

Name	Relation/Business	Years known	Phone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Please indicate when you are available to volunteer. Times are approximate.**

	10:30 am-2 pm	2pm-5pm	5pm-8pm
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
	10am-1pm	1pm – 4pm	
Saturday	_____	_____	

Are you fluent in more than one language? \_\_\_\_\_

**CLINICAL ASSISTANT VOLUNTEERS:**

Are you comfortable working around acupuncture needles? Y N

Do you have steady hands? Y N

Are you comfortable providing light massage to people? Y N

Do you have any physical or mental conditions that might hinder your ability to work in a quiet clinical setting for several hours at a time? Y N  
If yes, please explain.

Do you have a history of seizures or tremors? Y N

Is your vision impaired, or is it worse in dim light? Y N  
If yes, please explain.

**SPECIAL EVENT VOLUNTEERS:**

Are you able to stand for 2-4 hours? Y N  
(If you can't you still can help!)

**Volunteer Agreement**

I, \_\_\_\_\_, am willing to commit my time and energy as a Quan Yin volunteer for the next six months. I further agree to complete confidentiality in respecting privacy rights of all direct and indirect participants with Quan Yin Healing Arts Center. I also understand that I must attend training and/or meeting sessions as requested.