



The Monterey Bay Holistic Alliance

"Your Health and Wellness Friends"

P.O. Box 249, Marina, CA 93933 (831) 272-2781 MBHolistic@gmail.com www.montereybayholistic.com

MBHA Employee and Volunteer Application Form

This application form must be completed by all prospective and newly joining MBHA Board Members, volunteers, interns, Health Educators, and MBHA Committee Members.

Thank you so much for your interest in volunteering or working for the Monterey Bay Holistic Alliance. We are devoted to providing free and equal access to health and wellness events, resources, products and services. It's a pleasure to have you join our team! Please print clearly and fill out the application in its entirety. After completing, please mail this form to the address above.

Male () Female ()

First Name _____ Middle _____ Last _____

Home Address _____

Apt/Suite _____ City _____ State _____

Zip _____ Email _____

Phone Numbers (please include area codes)

Cell _____ Home _____

Work _____

MBHA USE ONLY

Date Application Received _____ Date Contacted _____ Background Check _____

Interview Date _____ Board Meeting Review and Approval Date _____

T-Shirt Ordered _____ Date Started Working _____ Hours Per Week _____

Service Area, Position, or Title _____ Date Stopped Working _____

Preferred method of communication (Check one): _____ cell _____ home _____ work

Best time to call: _____ Birthday _____ (year not necessary)

Previous Employer _____ Position _____

Business Name _____ Address _____

City _____ State _____

Zip _____ Phone _____ Email _____

Why are you interested in volunteering or working with the Monterey Bay Holistic Alliance?

Do you have office skills and experience? _____ Yes _____ No (if yes please explain)

How did you hear about MBHA?

- Word of Mouth
- Think FWD Newsletter
- Facebook
- Meetup
- Twitter
- LinkedIn
- Video
- Attending Event
- Newspaper Ad
- Phone Book
- Friend
- Zazzle Store
- University or College listing
- United Way Volunteer Website

Other (please explain) _____

Please list any languages that you speak, read and/or write fluently, in addition to

English: _____

What hours and days available for volunteer/internship/work?

Have you volunteered or worked full time for other nonprofit organizations? ____ Yes
____ No (if you checked yes, please continue below)

#1. Organization Name: _____

Describe work experience below:

#2. Organization Name: _____

Describe work experience below:

Please describe any other work or personal experience you think might be relevant to what we do at the Monterey Bay Holistic Alliance:

Which MBHA work or volunteering tasks sound interesting to you? Check any and all that are interesting

Health Events Presenter (if you plan on giving a lecture or holding an event, please list your field of expertise)

- acupuncture
- acupressure/Shiatsu
- aromatherapy
- ayurvedic
- massage
- yoga
- Tai Chi
- meditation/spiritual
- chiropractic
- flower essence
- nutrition
- fitness
- energetic healing
- psychic
- hypnotherapy
- channeling
- astrology
- numerology
- herbal remedies
- homeopathy
- reflexology
- color therapy
- light therapy
- counseling
- cupping
- craniosacral
- dance therapy
- continuous movement
- music therapy
- art therapy
- magnetic therapy
- animal communication
- holistic pet therapy
- holistic dentistry
- Feng Shui
- Feldenkrais
- crystal or gem therapy
- kinesiology
- hydrotherapy or water therapy
- iridology
- naturopathic
- osteopathic
- pyramid healing
- sound therapy
- Reiki
- vitamin therapy

Other _____ (please explain)

Health Education Research

- Searching for latest health research online or in newspapers, books or magazines
- Posting health news updates on social media
- Writing blog health articles
- Writing health articles for our newsletter, blog or website
- Editing health articles
- Searching newspapers or online events listings for local health events or activities

Office administration work

- Answering emails
- Answering phones
- Updating basic website information and calendar listings
- Composing and sending out special email announcements
- Doing data input, such as updating membership addresses and phone numbers
- Typing meeting minutes
- Typing MBHA forms
- mailing out applications and forms
- Typing out quarterly reports
- Submitting IRS reports

Creative or Artistic Marketing Work

_____ *Photo Editing* _____ *Designing posters for events* _____ *Working with the Zazzle online store to create health T-shirts, mugs, bumper stickers, etc.* _____ *Designing brochures or pamphlets* _____ *Editing films/videos*

Communications and Public Relations

_____ *Making promotional (scripted) phone calls* _____ *Chatting on social media with people having health related questions (scripted suggested answers)* _____ *Being interviewed on television or radio* _____ *Assisting a workshop or event presenter by greeting people, registering people, or making announcements*

Charitable Service Work

_____ *Interviewing people in the community to provide charitable service*
_____ *Delivering items to clients who are in need of health services or products*

Physical Maintenance Work

_____ *Cleaning, vacuuming, etc.* _____ *moving supplies, setting up equipment for events, etc.* _____ *Buying supplies for the office or for charities*

Internship

_____ *Kinesiology* _____ *Collaborative Health and Human Services*
_____ *Cinematic Arts and Technology*

Do you have any hobbies or special talents? Please list below.

Please list three references:

Name _____ *Relationship*

Time known _____ *Phone number*

Name

Relationship

Time known

Phone number

Name

Relationship

Time known

Phone number

Have you ever been charged with or convicted of the following: (please check yes or no)

a) *Felony?* Yes No

b) *Any crime involving a sexual offense, an assault or the use of a weapon?*

Yes No

c) *Any crime involving the use, possession or the furnishing of drugs or hypodermic syringes?*

Yes No

d) *Reckless driving, operating a motor vehicle while under the influence, or driving to endanger?*

Yes No

If you answered Yes to any of the above four items, please explain

The Monterey Bay Holistic Alliance has my permission to *(please check below)*:

- *Run a background check on me.* Yes No
- *Please provide your social security number:* _____
- *Run a motor vehicle records check on me* Yes No
- *Verify the 3 references I have provided.* Yes No

Release for Publication

Please initial below

If you are accepted as an employee, intern, Board Member, committee member or volunteer with the Monterey Bay Holistic Alliance (MBHA), there may be occasions when you will be photographed and/or videotaped by staff, sponsors, corporate representatives, media and others. We request permission for your participation.

By initialing below, you may choose to grant or deny MBHA permission to use photographs or videotape yourself, alone or in groups, in newspaper articles, newsletters, web-site, online, brochures, special fundraising activities, scrapbook, videos and photo albums for use in public understanding and support of the nonprofit organization, MBHA.

By granting permission below, you hereby release and hold harmless MBHA from any claims, judgments or demands which may arise from the use of the above referenced photographs and/or videotapes.

_____ *“YES, I give permission to be*
Initial *photographed and/or*
 videotaped for publication.”

_____ *“NO, I deny consent to be*
Initial *photographed and/or*
 videotaped for publication.”

Do you have any health conditions that may limit your participation? YES or NO If yes, please explain.

Emergency Contact

1) _____
First & Last Name

Relationship

Phone number

Alternate phone number

2) _____
First & Last Name

Relationship

Phone number

Alternate phone number

By signing below, I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to or work for the Monterey Bay Holistic Alliance.

Your Signature

Date

Thank you so much for applying to volunteer or work with the Monterey Bay Holistic Alliance. Please mail this form to us and feel free to contact us at the phone number or email address above if you have any further questions.

<p>MBHA USE ONLY</p> <p><i>Additional notes and observations regarding employee or volunteer:</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
