



**Master Wellness Volunteer Program – El Paso County
Volunteer Application**

**Training Dates: January 18, 2023 8a-3p
March 01, 2023 8a-3p**

Upon completion, please return to Angelee.shamaley@ag.tamu.com. Applications due no later than January 11, 2023. Please print or type all information.

Name (Legal and Preferred)			
Primary Phone Number			
Email Address			
Mailing Address			
City/State/ZIP			
Emergency Contact Name		Phone Number	
Are you available to participate on the training dates? YES NO (please circle)			
Are you currently employed? YES NO (please circle)		If yes, where?	
Please list any volunteer work experience:			
Please list any experience you have working with community-type organizations (schools, youth groups, churches, senior centers, etc):			
Please list interests, skills, hobbies:			
Please list any post-secondary education and/or certifications/licenses:			
If you are fluent in a language other than English, please specify:			
How do you prefer to be reached (please circle all that apply)? US Mail Phone Call Email Text Message Facebook Other:			

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Please mark the days and times you are generally able to volunteer.

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Please describe why you want to become a Master Wellness Volunteer:

Please provide any additional information you would like to share:

Please read the following carefully. Your signature indicates your desire to become a Master Wellness Volunteer, your willingness to comply with the policies and procedures of the Master Wellness Volunteer Program, that you do not knowingly have a conflict of interest, and the information you provided in this application is true and accurate to the best of your knowledge.

I understand that should I be selected for the Master Wellness Volunteer training:

- I will undergo a criminal background check.
- I will complete **40 hours of training**.
- I will complete a **40-hour internship** under the direction of the county Extension agent within the first year.
- I will become a Master Wellness Volunteer when I complete the training, pass the examination, and complete the internship hours.
- I will volunteer **20 hours and obtain 10 hours of education annually** to retain the Master Wellness Volunteer designation.
- I will represent Texas A&M AgriLife Extension Service and will be called upon to provide educational programs and disseminate educational materials.
- I will present the research- and evidence-informed and -based information on which the Texas A&M AgriLife Extension Service’s education programs and services are based.
- **I cannot use my designation as a Master Wellness Volunteer to promote any personal opinions, business, or services or the opinions or services of other companies or agencies.**

Signature

Print Name

Date