



Service and Sanctuary program application

Date of application\_\_\_\_\_

personal information

Last name\_\_\_\_\_first name\_\_\_\_\_middle initial\_\_\_\_\_

Name you prefer to be called\_\_\_\_\_gender\_\_\_\_\_

Street address\_\_\_\_\_Date of birth\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip code\_\_\_\_\_

Home phone\_\_\_\_\_Cellphone\_\_\_\_\_

E-mail\_\_\_\_\_Work phone\_\_\_\_\_

Occupation(s)\_\_\_\_\_

Please enclose your current resume. Note: You must be 18 years or older to participate in this program.

volunteer participation

Have you ever been to the Whidbey Institute at Chinook? If so, when and in what capacity? If not, how did you hear about us?

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

Approximately, when are you interested in participating in Service and Sanctuary?

Month\_\_\_\_\_Year\_\_\_\_\_

Service and Sanctuary at WI at Chinook is a minimum commitment of one (1) month - maximum of three (3) months – what is your desired length of participation?\_\_\_\_\_

Whidbey Institute at Chinook  
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reflective questions

1. Why do you want to volunteer at the Whidbey Institute and what do you hope to take away from this particular time of service and sanctuary?

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2. Give an example of where you are growing personally and how you learn.

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3. Describe a strength and a challenge regarding your communication and conflict resolution skills.

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4. Describe a project you've worked on collaboratively within the last year and explain what you learned about yourself and your skills in the process?

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5. What particular skills (e.g. carpentry, gardening, computer, etc.) do you feel would be of most service here?

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health information

It is essential that you answer the following question completely and truthfully, as your physical, mental and emotional health, are important factors in determining how our program will best work for you.

1. Please describe your current overall health\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Do you have any physical condition, health concerns that would impact your ability to participate fully in this program? \_\_\_\_yes \_\_\_\_no If yes, please explain\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Are you currently under the care of a physician? \_\_\_\_yes \_\_\_\_no If yes, please explain\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Are you currently taking medications? \_\_\_\_yes \_\_\_\_no If yes, what medications and for what conditions?

\_\_\_\_\_

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\_\_\_\_\_

5. If your answers to the above questions raise any issues about your health what would you need from the staff of the Whidbey Institute to ensure your growth and success in this volunteer program?

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## Whidbey Institute at Chinook

### Service and Sanctuary application

#### tobacco, drug and alcohol information

The Whidbey Institute volunteer program supports a holistic health environment. As such illegal or illicit drug use or sale, underage drinking, driving while intoxicated, or inappropriate alcohol-related behaviors are strictly prohibited. Smoking is prohibited in any of the indoor facilities, and is discouraged on the Chinook land.

1. Do you smoke? \_\_\_\_\_yes      \_\_\_\_\_no    If yes, please review the tobacco and drug policy above.

#### personal references (please include two contacts)

Name\_\_\_\_\_Title\_\_\_\_\_

Company/organization\_\_\_\_\_Relationship\_\_\_\_\_

E-mail\_\_\_\_\_Phone\_\_\_\_\_

Name\_\_\_\_\_Title\_\_\_\_\_

Company/organization\_\_\_\_\_Relationship\_\_\_\_\_

E-mail\_\_\_\_\_Phone\_\_\_\_\_

#### emergency contact information (please include two contacts)

Name\_\_\_\_\_Relationship\_\_\_\_\_

Daytime phone\_\_\_\_\_Evening phone\_\_\_\_\_

Address\_\_\_\_\_

Name\_\_\_\_\_Relationship\_\_\_\_\_

Daytime phone\_\_\_\_\_Evening phone\_\_\_\_\_

Address\_\_\_\_\_