

National Eating Disorders Association: Volunteer Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Fax: (_____) _____ Other Phone: (_____) _____

Email Address: _____

Preferred Volunteer Position Title (You can find position descriptions on NEDA's website at www.NationalEatingDisorders.org under the "Get Involved" section):

1st Choice:

2nd Choice:

3rd Choice:

National Eating Disorders Association Hours of Operation: 8:30am-5pm, Mon.- Fri. PST	
Please indicate availability below:	
Day	Time (i.e. 1pm –3 pm, 10 am –12 pm, etc.)
Mondays	
Tuesdays	
Wednesdays	
Thursdays	
Fridays	
Weekends	
Evenings	
Other	

Preferred # Hours per week: _____ Preferred # Hours per month: _____

Available Start Date: _____

EMPLOYMENT

Please provide either your current or most recent employer:

Employer: _____

Address: _____

Phone: _____ Supervisor: _____

EDUCATION

School	Dates	Major	Degree

REFERENCES

I give permission to contact these references: YES ____ NO ____

I. Name: _____

Address: _____

Daytime Phone: _____

Relation: _____

EMERGENCY CONTACT PERSON

Name: _____

Daytime Phone: _____

Relation: _____

Describe any specialized training, apprenticeship, skills or hobbies as they pertain to the volunteer opportunity:

Describe previous or current internship or volunteer experience:

Skills I enjoy using and would like to contribute are: (top 3-5)

Your expectations, ideas and/or hopes for your volunteer experience:

Complete the following statements, clarifying your feelings:

A: My greatest asset for becoming a National Eating Disorders Association volunteer is:

B: People who have eating disorders are:

C: Dieting, as far as I'm concerned, is:

D: Body image issues are:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application at the discretion of the National Eating Disorders Association.

I understand that false or misleading information given in my application or interview(s) may result in dismissal as a volunteer. I understand, also, that I am required to abide by all rules and regulations of the National Eating Disorders Association.

Signature of Applicant

Date