

# Joyner-Green Valley Library

## Mindfulness Meditation Facilitator

### Volunteer Application



TODAY'S DATE: \_\_\_\_\_

www.library.pima.gov

Contact Information			
Name:			
Street Address:			
City ST ZIP Code:			
Home Phone:		Cell Phone:	
E-Mail Address:			

Training Availability
<p>Training for the Mindfulness Meditation Facilitator training will involve <b>8 weekly two-hour training sessions on Tuesdays from 4pm – 6pm</b>. Please check all the sessions that you plan to attend:</p> <p> <input type="checkbox"/> Jan 19              <input type="checkbox"/> Jan 26              <input type="checkbox"/> Feb 2              <input type="checkbox"/> Feb 9              <input type="checkbox"/> Feb 16              <input type="checkbox"/> Feb 23              <input type="checkbox"/> Mar 1              <input type="checkbox"/> Mar 8         </p>

Volunteering Availability
<p>The Mindfulness Meditation gatherings will be scheduled on <b>Tuesdays from 4pm – 5pm</b>. Please check all the months in 2016 that you are willing to volunteer as a facilitator in these classes:</p> <p> <input type="checkbox"/> March              <input type="checkbox"/> April              <input type="checkbox"/> May              <input type="checkbox"/> June              <input type="checkbox"/> July              <input type="checkbox"/> August              <input type="checkbox"/> September              <input type="checkbox"/> November              <input type="checkbox"/> December         </p>

Court Ordered
<p>Are you volunteering to fulfill court-ordered community service? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, please go to <a href="http://www.volunteersoaz.org">www.volunteersoaz.org</a> for other volunteer opportunities.</p>

Position Interest
<p>Why are you interested in volunteering as a mindfulness meditation facilitator for the public library?</p>    

# Volunteer Application

## Special Skills or Qualifications

Summarize special skills, qualifications and language skills you have gained from employment, previous volunteer work, education, or through other activities, including hobbies or sports.

## Previous Volunteer Experience

Have you volunteered before in a library or at any other organizations? Please describe your experience.

## Required Skills

Are you comfortable and able to speak in front of small groups?  Yes  No

Are you willing to practice meditation techniques daily at home?  Yes  No

## Emergency Contact Information

Name:	Relation:
Phone:	Alternate Phone:
Address:	

**(FOR LIBRARY USE ONLY)**

Interviewer: \_\_\_\_\_

Date:

Placement: \_\_\_\_\_

Start Date:

Other Notes: