
If you have volunteered with any other organizations, please list their names and the services you performed.

If you have experienced any challenges while volunteering, please explain. _____

PROFESSIONAL AND EDUCATIONAL INFORMATION

Employer	Occupation
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What are your long-range career objectives? _____

Educational History: (1) _____ Degree _____ Year _____

(2) _____ Degree _____ Year _____

(3) _____ Degree _____ Year _____

If you are a massage therapist and have a city issued license, please list the city: _____

Please list the city license number: _____

If certified by the State of California, indicate status: Certified Massage Therapist Massage Technician

Please list State of California Certification Number: _____

List other bodywork certifications you have obtained. _____

Are you currently certified in CPR? Yes No

VOLUNTEER HEALTH SCREENING

Have you ever been tested for TB? Yes No Results: _____

Do you have access to your immunization records? Yes No

Briefly describe the condition of your current health condition.

If you have any special medical needs or allergies, please explain. _____

If you have any special dietary needs, please explain. We will make every effort to accommodate your needs.

REFERENCES

Reference #1

Name: _____ Relationship: _____

Phone number: (_____) _____

Reference #2

Name: _____ Relationship: _____

Phone number: (_____) _____

Reference #3

Name: _____ Relationship: _____

Phone number: (_____) _____

EMERGENCY CONTACTS

Contact #1

Name: _____ Relationship: _____

Phone number: (_____) _____

Contact #2

Name: _____ Relationship: _____

Phone number: (_____) _____

COMMITMENT TO PARTICIPATE

I am committed to participating in the International Outreach Program and I have cleared my schedule so that I can participate. I have written the travel dates for this trip into my calendar.

I understand that by completing this application, I am a candidate for the Heart Touch International Outreach Program but that this does not guarantee that I will be selected for a trip.

If I need to withdraw from participation after having been selected, I understand that my \$100.00 registration fee will not be refunded.

Signature: _____ Date: _____

FORM OF PAYMENT

The application fee for the Heart Touch International Outreach Program is \$100.00. Payment is due at the time you submit your application. An application is not complete unless payment is received.

Please indicate method of payment.

Check # _____ payable to The Heart Touch Project

Credit Card MasterCard Visa American Express Discover

Name on Card: _____

Card Number: _____ Exp. Date: _____ CVS Code: _____

Enter ZIP Code billing address for card (if different from ZIP Code listed above): _____

SUBMITTING YOUR APPLICATION

You may submit your application in one of three ways.

Email Submission

Please email your completed application to Training@HeartTouch.org. By submitting your application via email, you are agreeing to the commitment terms above. If paying by check, in addition to emailing the application, please mail your check for \$100 to the address below.

Fax Submission

Fax your application to 310-391-2168. If paying by check, please mail your check to the address below.

Mail Submission

Mail your application to the address below and include your check or complete the credit card information above.

The Heart Touch Project
Attn: International Outreach Program
3400 Airport Avenue, Suite 42
Santa Monica, CA 90405

If you would like more information or have questions about the International Outreach Program, please call The Heart Touch office at 310-391-2558 or send an email to training@hearttouch.org.