



## Volunteer Application

Mail your information including your name, street address, Reel & Heal, Inc., 5137 Newhart Circle, Toledo, OH 43615.

### Personal Information

First Name:

Last Name:

Email Address:

Address 1:

Address 2:

City:

State:

Zip Code:

Home Phone Number:

Work Phone Number:

Best Time to Reach You:

Boot Size:

### Employment Information

Employer:

Job Title:

Job Responsibilities:

Years at Current Position:

### Volunteer Experience

Organization(s):

Responsibilities:

Have you ever been a volunteer?

For Reel and Heal or similar organization?

If Yes, When?:

If Yes, please describe your role and why did you volunteer?

How did you hear about Reel & Heal?

### Please indicate if you hold current certification(s) in any of the following:

CPR

First Aid

Wilderness First Aid

Other

### I am interested in volunteering for Reel and Heal

I am interested in helping with:

Marketing/Media

Trade Shows

Retreat Sign Up

Instructing

Spreading the Word

Doing Mailings

Catering

Guiding

Other (please specify)

5137 Newhart Circle, Toledo, OH 43613 • Phone/Fax: 419.536.2469 • [www.reelandheal.com](http://www.reelandheal.com)