Dallas County Master Wellness Volunteer Program Fall 2017 Application

Return Application to:

Brittany.martin@ag.tamu.edu

OR

Texas A&M Agrilife Extension Service – Dallas County

10056 Marsh Lane

Suite B-101

Dallas, TX 75229

Name:	
Email Address:	
Mailing Address:	
City/State/Zip:	
Phone Number:	
Emergency Contact Name/Phone Number:	
Are you able to participate in person on the training dates: October 27 th and Nov	ember 17th
Are you currently employed? If so, where?:	
List any post-secondary education or certifications:	
Please list any previous volunteer experience:	

Why do you want to be a Master Wellness Volunteer	r?
Is there anything else you'd like to share?	
I would like to become a Master Wellness Volunteer the training program, I will be required to complete above. Upon completion of the training, I will be required by November 17 th , 2018 under the direction of the counderstand that as a volunteer, I will represent Texas be called upon to provide educational programs and understand that in this capacity I cannot use my statu opinions, business, or services or the opinions or services or the research-based information on which Texas educational programs and services are based.	40 hours of training on the dates listed puired to return 40 hours of volunteer service ounty Agrilife Extension Agent. I also a A&M Agrilife Extension Service and will disseminate educational materials. I also as as a volunteer to promote any personal vices of other companies or agencies. I must was A&M Agrilife Extension Service's
My signature below indicates I do not have a conflic contained in this application is true and accurate to the	
Signature	Date
Printed name	

Educational programs of the Texas A&M Agrilife Extension Service are open to all people without regard to race, color, sex, disability, religion, age, or national origin. The Texas A&M University System, U.S. Department of Agriculture, and the County Commisioners Court of Texas Cooperating.