**Volunteer Bodyworker and Massage Therapist Application**

Thank you for your interest in volunteering your services with CWHC! We are deeply committed to enhancing access to health care and healing resources, and we rely on volunteers to make this possible. It is important to us that our volunteers are a good fit with our organization and that we are able to provide a positive and mutually beneficial experience for our volunteers. Please fill out the volunteer application below, either handwritten or typed. It can be emailed to A.J. Barks at ajb@chicagowomenshealthcenter.org, faxed to 773-935-7145, or mailed to the address below. We will follow-up with a phone call to discuss the volunteer position in detail upon receipt of your application.

We look forward to hearing from you!

**Name:**

**Preferred name (if different):**

**Preferred pronoun:**

**Address:**

**Primary phone number:**

**Email address:**

**Are you a Licensed Massage Therapist in the state of Illinois?**

**Do you practice a form of bodywork for which licensure is not required in the State of Illinois? Please elaborate:**

**Which form(s) or modality(ies) of bodywork or massage therapy are you interested in providing at CWHC (please list)?**

**Do you have active liability insurance?**

**What is the typical length of sessions for your modality?**

**Please share a few words that describe your style, approach or philosophical framework for providing bodywork or massage therapy (a brief description or list is fine: we will discuss this in more detail in person!):**

**How did you hear about this volunteer opportunity?**

**Are you or have you been involved with CWHC in any capacity (for example: as a client, former collective member, former volunteer)? If no, are you familiar with CWHC services and approach to care?**

**We have volunteer opportunities for individuals interested in being part of our regular programming by volunteering once or twice a month to provide bodywork sessions. We also work with volunteer bodyworkers to put on special events. Which of these options are you interested in?**

**Are you able to commit to a minimum of 2 volunteer hours per month for six months?**

**Generally, what days and times are you available during the week for volunteering?**

**If you are interested in staffing special events, please elaborate on the following:**

* **Can your modality be done in community settings?**
* **Can it be done in short sessions?**
* **Are you able to travel to different parts of the city?**
* **What materials or equipment do you require to be able to perform your work in a community setting?**

**CWHC is committed to providing work that is trauma-informed and body and fat positive. We value diversity in its many manifestations and seek to provide care from a feminist, anti-oppression framework. Our work is inclusive and affirming of trans and gender non-conforming individuals. Please share any experience, training, familiarity or perspectives that inform your work and relate to these core CWHC values.**

**Are there any websites or online reviews about you that you would like to share with us to help us have a better sense of your style and work?**

**Please list any languages you speak fluently:**

**Please provide us with a resume or give a brief description here of your relevant training and experience.**