



IMCW VOLUNTEER INFORMATION FORM

THANK YOU FOR BEING A PART OF
THE NEXT INCARNATION!

NAME _____ DATE _____

ADDRESS _____

E-MAIL _____ PHONE _____ (C/H/W?)

How long have you been meditating? __ Years __ Months

How long have you been involved in IMCW? __ Years __ Months

What is your job? _____ (Optional – this gives us an ideas of what kinds of skills and interests you have.)

What are your passions (hobbies, interests, etc.)?

Are you interested in a particular volunteer job at IMCW? _____

Do you have any questions for us? _____

IMCW has volunteer opportunities that require a few minutes once a month to several hours each week. More information on the volunteer program is available on the web at www.imcw.org/volunteer-groups. We will be in touch to talk with you about how to best match your interests with IMCW's volunteer needs.

We will not share your contact information with anyone outside of IMCW.

We greatly appreciate your interest in IMCW. If you have questions, please email us or phone 202-986-2922.