

Phoenix Institute of Herbal Medicine Volunteer Application

Instructions: Please read the application in entirety before completing. All responses must be typed or legibly hand written.

Part 1. Vital Information

Name: _____

Last

First

Middle

Date of Birth: _____

Place of Birth: _____ Sex: Male Female

Mailing Address: _____

Street

City State Zip Telephone (Day)

Telephone (Evening) Email Address

Permanent Mailing Address: _____

Street

City State Zip Telephone (Day)

Telephone (Evening) Email Address

Citizenship: US Other (specify country) _____

Type of Visa (if not US Citizen): _____

Emergency Contact Name and Address: _____

How did you hear about this school?

Area(s) in which you would like to work _____

Have you ever been convicted of, pled guilty or no contest to, or forfeited bail for any criminal conduct under law or ordinance, excluding only minor traffic violations (if yes, please attach a full explanation)?

I affirm that the foregoing information is true and accurate to the best of my knowledge. I understand that any misrepresentation or falsification, including failure to report any college or university attendance, is sufficient cause for denial of admission and cancellation of enrollment and/or any credits earned. I further understand that all application materials are the property of the Foundation or PIHMA and cannot be returned. This information may be reproduced for use during my interview.

Signature Date

Please mail the application to:
Foundation for PIHMA Research and Education
Volunteer Coordinator
301 Bethany Home Road, #A100,
Phoenix, Arizona 85012
602-274-1885
trowe@pihma.edu

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