



STATE VOLUNTEER APPLICATION

Note: No prior experience is necessary. Training will be provided as needed.

Name: _____ NCBTMB Certificant #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone-Day: _____ Phone-Evening: _____

Email Address: _____

In what year did you become Nationally Certified? _____

In what capacity are you currently working (Check all that apply to your current work setting)

- Faculty
- Education Director
- Program Director
- Admissions
- Executive Director
- Other (Please explain): _____
- Career Services
- Dean/President
- School Owner
- Registrar
- Not currently employed

Communication

Are you computer literate? Yes No

Are you available by e-mail daily? Yes No

General Education

Please check the highest level of education attained:

- High School (or equivalent)
- Technical/Vocational Certificate (Please list):

- Some College (Please list):

- College Degree (2 years)
School: _____
Degree/Major: _____
Graduation Date: _____
- College Degree (4 years)
School: _____
Degree/Major: _____
Graduation Date: _____
- Master's Degree
School: _____
Degree/Major: _____
Graduation Date: _____
- Advanced Degree (PhD, EdD, MD, etc.)
School: _____
Degree/Major: _____
Graduation Date: _____



Special Training/Certifications (Please list):

Name of school you are currently affiliated with or have been associated with:

Contact at school: _____ Phone: _____

Experience in Massage/Bodywork

How many years have you been in practice? _____ Are you currently practicing? Yes No

Are you working full-time (75% of income)? Yes No Are you working part-time? Yes No

If you are working part-time, please tell us about your other work:

Please describe any special skills/education/experience you would bring to the State Volunteer Position through your participation:

Statement of Understanding

I understand that the information provided in my application is subject to verification and further discussion during the interview process. I agree to abide by the NCBTMB Code of Ethics and Code of Conduct. All statements made above are true.

Signature: _____ Date: _____

**Send this application – and your CV/Resume – to:
NCBTMB Volunteer Opportunities
1901 S. Meyers Rd., Suite 240
Oakbrook Terrace, IL 60181-5243**