

Northern California Women's Herbal Symposium

P.O. Box 598 Graton, CA 95444 707-824-1429
www.womensherbalsymposium.org NCWHS@monitor.net

Dear Work Exchange Applicant,

Thank-you for your interest in our Work Exchange program. This is a fun and important program for NCWHS. It provides financial assistance to women with low-income and it provides a fun and enthusiastic work force for NCWHS. The many tasks accomplished by Work Exchangers ensure the smooth running of the Symposium. We greatly appreciate and depend heavily on each worker.

The questions in this form help us to place you in an appropriate position. Jobs differ in time and skill required. Please answer all the questions honestly and accurately, since they help us to place you appropriately.

We will contact you by telephone, mail, or email sometime during the month of

April for Sessions 1 and 2

July for Session 3

Here's Some Important Information:

- Work Exchangers work a minimum of 12 hours through-out the session and this reduces their registration fee to \$110. Work times depend on the particular position assigned.
- All Work Exchangers are required to attend a meeting on the Friday the Symposium opens, to be familiarized with the tasks of the job assigned. You must attend this meeting, unless prior arrangements are made. Specific details will be sent to you when you have been placed in a position.
- Job positions are assigned in order of application postmark date.

Thank-you for your interest in Work Exchange.

We look forward to getting to know you.

Green Blessings,
Terri and Karen, NCWHS



Angelica sinensis

Northern California Women's Herbal Symposium

P.O. Box 599 Sebastopol, CA 95473 707-824-1429
www.womensherbalsymposium.org NCWHS@monitor.net

Application for Work Exchange • 2010

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Check: Session 1: May 21-24 Session 2: May 28-31
 Session 3: September 3-6

1. Are you a good worker and are you easy and fun to work with?

2. Are you self-motivated *and* able to follow instructions well?

3. Are you dependable and on time?

4. Do you have a strong back & arms?

5. Do you have any physical restrictions? Please describe.

6. Do you have child/ren attending the Symposium with you? _____

How many? _____ Ages _____

Where will your child/ren be while you are doing your Work Exchange?

7. Have you attended the Symposium before? _____

If yes, did you do Work Exchange? _____ which position? _____

8. There are over sixty Work Exchange positions per session, in the following categories. Please rate at least three in order of your preference.

- _____ bodyworker (work through-out session - list your experience below)
- _____ childcare (work during 1/2 of the class times)
- _____ dish station prep (mealtimes - prep area for women to wash personal dishes- lifting required)
- _____ food shuttle (work during mealtimes - lifting required)
- _____ gear shuttle (work Friday & Monday - lifting required - have an open bed truck?)
- _____ kitchen prep (work 3, 4-hour shifts through-out the session)
- _____ kitchen prep - first shift 9 am-1 p.m. Friday (work 1st shift Fri a.m. + 2 other, 4-hour shifts)
- _____ kitchen prep on Thursday (work day before session opens - 12 hour day)
- _____ parking (work long day on Friday in the open sun - good people skills)
- _____ privy cleaning (work during break and off times)
- _____ recycle/garbage hauling on Tuesday - 1/2 position (need open bed truck & live locally)
- _____ registration table (work Friday and part of Saturday - must have past NCWHS attendance)
- _____ Wellness Center (work through-out the session - list healing experience below)

9. Anything else you can think of to let us get to know you better?

Return the following:

- this completed application
- \$110.00 registration fee
- work exchange registration form
- regular long self-addressed stamped envelope, only if you would like conformation sent through the regular mail

If you do not do work exchange your fee will be returned to you, or applied to a regular registration fee, per your request.

2010 Work Exchange Registration

Send this form, check or money order, and, if needed (see below) a long self-addressed stamped envelope to: NCWHS, P.O. Box 598, Graton, CA 95444

Name _____ Phone w/ area code _____
Last First

Address _____ Email _____

City _____ State _____ Zip _____

Mark : Session 1: May 21-24 \$110 Session 2: May 28-31 \$110 Session 3: September 3-6 \$110

Young Woman, age 12-20 Special rate, \$125-150, *if needed*

Child registration, age 11 and under. \$30-\$60 per child, free if needed All children must be registered.

Child's/Young Woman's name _____ Age _____ Child's/Young Woman's name _____ Age _____

If my child is placed on a waiting list I want to: remain on wait list attend without child cancel & have fee return
 attend with child on alternate Session: Circle: Session 1 2 3

I prefer confirmation sent to me by email **or** regular mail (I've included a long self-addressed stamped envelope for this)

Proceedings Book prepurchase \$20 each (\$25 at Symposium) Circle: Session 1 2 3 Total quantity ordered _____

Marketplace vendor. Registered participant's handmade items only. Describe items to sell/barter _____
(if you offer edible items at Marketplace, please note that no edible items made with processed white or brown sugar will be permitted)

Marketplace donation: Amount enclosed (donation basis) \$ _____ Thank-you, your generosity helps NCWHS

Scholarship donation \$ _____ &/or raffle item donation:

Special Diet: Vegan Gluten-free

yes no OK to give out my contact information to a woman in my area if requested for carpooling

Do not include my name on the roster. (NCWHS not responsible for materials sent to the roster)

Amount Enclosed

Registration:
adult \$ _____
child/young woman \$ _____
Proceedings \$ _____
Marketplace \$ _____
Scholarship \$ _____
Total \$ _____