

Volunteer Information & Application

This packet provides more information about volunteering with WithAll. Please fill out the volunteer application on pages 3-4 so that we can learn more about you.

About WithAll

WithAll, formerly The Emily Program Foundation, is a 501(c)(3) nonprofit that works with individuals and partners to empower eating disorder prevention and strengthen support for recovery, providing simple and accessible tools that help people act. Whether on proactive paths or in crisis moments, we offer services and resources to help all create and recover health. Learn more at withall.org.

Our specific activities include:

The "What to Say" Initiative

"What to Say" is a new initiative dedicated to equipping adults with simple tools to help kids develop healthy relationships with food and body.

Recovery Support Program

If you're pursing recovery from an eating disorder, financial hardship can make completing essential treatment challenging or unattainable. We issue one-time grants for living expenses to help quickly remove simple – but very real – financial barriers.

Volunteer Requirements

- All WithAll volunteers must be at least 18 years of age. If you are under the age of 18 and still wish to
 volunteer, you must include a signed consent and liability waiver from a parent or guardian who must
 also be present during all volunteering activities, including orientation.
- All WithAll volunteers will be expected to sign a consent and liability waiver and a confidentiality agreement.
- WithAll draws the interest of many people of different backgrounds and experiences. Volunteering in an area where you have previously struggled can have benefits and risks. It may feel gratifying and empowering to help others who are at a darker place in their eating disorder journey. Conversely, thinking and talking about eating disorder symptoms can trigger old behavior patterns and maladaptive coping methods. We recommend that you carefully consider how you may be impacted by volunteering for WithAll and consult with a treatment provider if appropriate.

Please Note: WithAll is not a clinical or treatment organization. We do not offer volunteer/ internship opportunities in a clinical or treatment setting.



Volunteer Opportunities

WithAll loves and appreciates volunteers, and they are needed in a variety of ways to further our mission.

1. Office Help

The day to day operations of WithAll is crucial to keep our prevention and support efforts going. We look for volunteers who can help with administrative tasks during business hours.

2. Events

Work together with other volunteers and the WithAll team to represent WithAll and serve event attendees. Annual events include our spring golf tournament, beneficiary events and exhibiting events.

3. Ambassadors

Share WithAll news with your networks, whether on social media, in-person or through email. News could include Give to the Max promotion, announcing a new program or partnership, promoting a business proceeds day, etc.

4. Creative Collective

Provide creative skills to the WithAll team for periodic projects (i.e. – social media, graphic design, web design, photography, and videography)

5. General Volunteer

Help WithAll with miscellaneous volunteer opportunities such as events, office help, advocacy work and other special projects.

^{*}Volunteers are encouraged to reach out with special volunteering projects that fall outside the opportunities identified above. We will vet the opportunities based on the organization's mission, capacity and goals.



Da	te:Date of Birth:
Na	me:
Ma	iling Address:
Ph	one:
	ail:
Pla	ce of Employment (if applicable):
1.	How did you hear about WithAll?
2.	Why are you interested in volunteering and what particular skills or experience do you feel you'd bring to WithAll?
3.	What do you hope to get out of volunteering for WithAll?
4.	Is there any additional information you would like to share with us?



5. I am interested in the following opportunities: O Events General Volunteering O Being an Ambassador O Creative Collective (list creative skill below): O Office Help **References** (please list two personal references that are non-family members) Name: ______ Email: _____ Phone: _____ Name: ______ Phone: _____ Emergency Contact (person to notify in case of an emergency) Phone: Name: _____ Please return this application to: By mail: WithAll Attn: Shannon Edelbrock

By email:

hello@withall.org

5354 Parkdale Drive, Fl 2 St. Louis Park, MN 55416

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