



Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (O) \_\_\_\_\_  
Email: \_\_\_\_\_

**I. Skills and Interests**

1. Education Background: \_\_\_\_\_
2. Current Occupation: \_\_\_\_\_
3. Hobbies, Skills, and Interests: \_\_\_\_\_
4. Previous Volunteer Experience: \_\_\_\_\_

**II. Preferences in Volunteering**

1. Is there a particular type of volunteer work in which you are interested? (Please check all that apply)
  - Working one-on-one with a single client
  - Working directly with a staff person as an assistant
  - Helping around the office in general administrative duties
  - Doing research, training, or an individual project
  - No preference
  - Providing service to several clients
  - Doing public speaking, fundraising, etc.
  - Working occasionally on group projects
  - Other: \_\_\_\_\_
2. Is there a person or group with whom you are particularly interested in working? (Check all that apply)
  - No preference
  - Teens
  - Agency Staff
  - Adults
  - Children
  - Other: \_\_\_\_\_
3. Are there any groups with which you would not feel comfortable working?
  - No
  - Yes: \_\_\_\_\_

**III. Availability**

1. At what times are you interested in volunteering?
  - Flexible
  - Prefer Weekends
  - Prefer Weekdays
  - Prefer Days
  - Prefer Evenings
  - Other: \_\_\_\_\_

2. Do you have a geographic preference as to where you do volunteer work?  
 No  
 Yes: \_\_\_\_\_

3. Do you have access to an automobile you can use for volunteer work?  
 Yes  
 No

**IV. Background Verification**

1. Have you ever been convicted of a criminal offense?  
 Yes  
 No

2. Have you ever been charged with neglect, abuse, or assault?  
 Yes  
 No

3. Has your driver's license ever been suspended or revoked in any state?  
 Yes  
 No

4. Do you use illegal drugs?  
 Yes  
 No

5. Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?  
 Yes: \_\_\_\_\_  
 No

6. Please list two non-family references whom we might contact:  
a. \_\_\_\_\_ Phone: \_\_\_\_\_  
b. \_\_\_\_\_ Phone: \_\_\_\_\_

7. How did you hear about us?  
 From Client of Agency  
 Advertisement  
 Volunteer Center  
 Referred by Friend/Volunteer  
 Agency/School  
 Other: \_\_\_\_\_

**Other Comments**