

Volunteer Interest Form

Name: _____
Phone:(Home) _____ (Cell) _____ (Work) _____
Contact in emergency: _____ phone: _____

I. Skills and Interest

1. Current occupation: _____

2. Hobbies, skills, interests:

- | | | |
|---|---|---|
| <input type="checkbox"/> Accounting/budgeting | <input type="checkbox"/> Computer/data entry | <input type="checkbox"/> Editing |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Life Coach |
| <input type="checkbox"/> Office management skills | <input type="checkbox"/> Child birth educator | <input type="checkbox"/> Doula |
| <input type="checkbox"/> Audio visual skills | <input type="checkbox"/> Power Point | <input type="checkbox"/> Lactation Specialist |
| <input type="checkbox"/> Teaching skills | <input type="checkbox"/> Facilitating groups | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Knitting | <input type="checkbox"/> Sewing | <input type="checkbox"/> Librarian |
| <input type="checkbox"/> Love to cook/bake | <input type="checkbox"/> Beautician | <input type="checkbox"/> Bible study leader |
| <input type="checkbox"/> Play musical instrument | <input type="checkbox"/> Artist | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Child care provider | <input type="checkbox"/> Worked with Media | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Carpenter/Mechanic | <input type="checkbox"/> Scrapbooking |
| <input type="checkbox"/> Worship leader | <input type="checkbox"/> Heart for prayer | <input type="checkbox"/> Decorator |
| <input type="checkbox"/> Videographer | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

II. Preferences in Volunteering

1. Is there a particular type of volunteer work in which you are interested? (Please check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Working one-on-one with a single client | <input type="checkbox"/> Provide education to several clients |
| <input type="checkbox"/> Working directly with a staff person as an assistant | <input type="checkbox"/> Clinic staff |
| <input type="checkbox"/> Helping around the office in general administrative duties | <input type="checkbox"/> Doing public speaking, fundraising, etc. |
| <input type="checkbox"/> Doing research, training, or an individual project | <input type="checkbox"/> Working occasionally on group projects |

- Receptionist welcoming guests, directing calls
- Hospitality, meal preparation, desserts, etc
- Prayer support/partner
- Childcare
- Seek Corporate sponsors/donations
- Organize/oversee (one day) group project
- Other: _____
- Care Line answering client calls from home
- Representing Care Net within your church
- Cleaning/maintenance
- Event planning
- Help at events
- Staff Care Net booth at events/fairs

2. Is there a person or group with whom you are particularly interested in working? (Check all that apply.)

- Churches
- Hispnic clients
- Hmong Clients
- Teens
- Children
- Agency Staff
- Males
- Females
- Schools
- Special Events Team(s)
- Other _____

3. Are there any groups with which you would not feel comfortable working?

- No
- Yes: _____

4. 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?

- No
- Yes: _____

III. Availability

1. At what times are you interested in volunteering?

- Prefer weekdays
- Prefer evenings
- Prefer weekends
- Prefer days
- Other: _____

Day and time available per week. _____

Monday	Tuesday	Wednesday	Thursday	Friday
9 am 'til 5 pm	9 am 'til 5 pm	9 am 'til 6 pm	9 am 'til 5 pm	9 am 'til 3 pm