

VOLUNTEERS: GETTING ACQUAINTED

Name _____

Address _____ phone _____

_____ email _____

Affiliation (church, organization, etc.) _____

Brief **education** history:

Brief **employment** history:

Current involvement/commitments: _____

Availability: # hours per month _____ circle best time(s): evening / day / weekend

References: (name, phone number, how you know them)

1. _____

2. _____

INTERESTS

- | | | |
|--|--|---|
| <input type="checkbox"/> family | <input type="checkbox"/> arts | <input type="checkbox"/> sports/recreation |
| <input type="checkbox"/> youth | <input type="checkbox"/> business | <input type="checkbox"/> crisis pregnancy |
| <input type="checkbox"/> children | <input type="checkbox"/> education | <input type="checkbox"/> at risk |
| <input type="checkbox"/> parenting | <input type="checkbox"/> finances | <input type="checkbox"/> re-entry/parole |
| <input type="checkbox"/> men/fatherhood | <input type="checkbox"/> government | <input type="checkbox"/> mental health |
| <input type="checkbox"/> women | <input type="checkbox"/> media | <input type="checkbox"/> poor |
| <input type="checkbox"/> elderly/disabled | <input type="checkbox"/> music | <input type="checkbox"/> substance abuse |
| <input type="checkbox"/> service/practical helps | <input type="checkbox"/> neighborhoods | <input type="checkbox"/> counseling/listening |
| <input type="checkbox"/> mentoring | <input type="checkbox"/> prayer | <input type="checkbox"/> other _____ |

SKILLS

- | | |
|--|--|
| <input type="checkbox"/> administration | <input type="checkbox"/> people skills |
| <input type="checkbox"/> office work | <input type="checkbox"/> teaching/tutoring _____ |
| <input type="checkbox"/> phone calling | <input type="checkbox"/> life skills _____ |
| <input type="checkbox"/> computer/websites | <input type="checkbox"/> skilled labor _____ |
| <input type="checkbox"/> medical | <input type="checkbox"/> physical labor _____ |
| <input type="checkbox"/> public speaking | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> writing | _____ |

Any other skills, qualification or limitations we should know about?

What is on your heart?