



## Volunteer Interest Form

Name: \_\_\_\_\_

Address \_\_\_\_\_

Hm Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Email \_\_\_\_\_

Best Time to Contact You: \_\_\_\_\_

**Skills/Gifts:** Please check all that apply

- |  |                                       |
|--|---------------------------------------|
| <input type="radio"/> Visiting / Companionship               | <input type="radio"/> Skilled Labor   |
| <input type="radio"/> Assist with Activities of Daily Living | <input type="radio"/> Physical Labor  |
| <input type="radio"/> Transportation                         | <input type="radio"/> Counseling      |
| <input type="radio"/> Gift of Prayer                         | <input type="radio"/> Administrative  |
| <input type="radio"/> Gift of Listening to Others            | <input type="radio"/> Fundraising     |
| <input type="radio"/> Gift of Empathy                        | <input type="radio"/> Clerical        |
| <input type="radio"/> Gift of Mercy                          | <input type="radio"/> Grant Writing   |
| <input type="radio"/> Gift of Hospitality                    | <input type="radio"/> Hand-made Goods |
| <input type="radio"/> Gift of Caring                         | <input type="radio"/> Music           |

Any other gifts or skills you would like to share?

**Availability:**

Number of Hours Per Month: \_\_\_\_\_

Please Check Times that Work Best for You

Days

Evenings

Weekends

Brief history of your most recent & relevant volunteer assignment, education or training.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please List any Church Affiliation/Community Organization:

Office Use Only:

Date Contacted: \_\_\_\_\_ Orientation Scheduled

Comments: