

Volunteer Questionnaire



Contact Information

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Cell Phone | |
| E-Mail Address | |

Availability

During which hours are you available for volunteer assignments?

Weekday Weekend

Day?/ Hours? _____

Interests

Tell us in which areas you are interested in volunteering

- | | |
|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Field Work | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Newsletters/Fliers | <input type="checkbox"/> Phone Calls |
| <input type="checkbox"/> Volunteer Recruitment/Coordination | <input type="checkbox"/> Other (Explain) |

Are you a current Hadassah Associate? _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience