



# Volunteer Interest Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Please check all volunteer opportunities that are of interest to you:**

- Cleaning
- Special events
- Yard Work
- Clerical/Office
- Cooks for kids
- Family fun
- Fundraising

**Please rate your level of experience using the following scale:**

*1 – No Experience      2 – Beginner      3 – Moderate Experience      4 – Advanced*

- |                      |                             |
|----------------------|-----------------------------|
| _____ Carpentry      | _____ Marketing             |
| _____ Masonry        | _____ Microsoft Access      |
| _____ Data Entry     | _____ Microsoft Excel       |
| _____ Drywall        | _____ Microsoft Power Point |
| _____ Electrical     | _____ Microsoft Publisher   |
| _____ Event Planning | _____ Microsoft Word        |
| _____ Filing         | _____ Photography/Video     |
| _____ Floor Covering | _____ Plumbing              |
| _____ Fundraising    | _____ Roofing               |
| _____ Grant Writing  | _____ 10 Key                |
| _____ Graphic Design | _____ Typing _____ WPM      |

Please include additional information that you would like us to know about:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any health or physical limitations: \_\_\_\_\_

**For Internal Use Only**

- |   |   |
|---|---|
| <input type="checkbox"/> NSOPW Verification complete                              | <input type="checkbox"/> Release of liability complete                        |
| <input type="checkbox"/> Orientation scheduled: _____<br><small>Date/Time</small> | <input type="checkbox"/> Danielle confirmed completion                        |
| <input type="checkbox"/> Photo ID   | <input type="checkbox"/> Training scheduled _____<br><small>Date/Time</small> |
| <input type="checkbox"/> Application complete                                     | <input type="checkbox"/> Badge Issued   |
| <input type="checkbox"/> Volunteer Code of Conduct signed                         | <input type="checkbox"/> Training complete: _____<br><small>Date</small>      |

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_