



## Volunteer Questionnaire

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

Company: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Birthday \_\_\_\_\_

Preferred Mailing Address?  Home  Office

How did you hear about The Women's Resource? \_\_\_\_\_

Language?  English  Spanish \_\_\_\_\_ Other (specify)

Hours of Availability: \_\_\_\_\_ Office Hours 8:30-5:00p.m.

\_\_\_\_\_ Evenings

\_\_\_\_\_ Weekends

Special Skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organization Affiliations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Note\* A background screening will be conducted for all new volunteers.