

SAFE FAMILY MINISTRIES VOLUNTEER INFORMATION SURVEY

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT NUMBER _____ OTHER NUMBER _____

EDUCATION LEVEL: HIGH SCHOOL ____ SOME COLLEGE ____ GRAD ____ POST GRAD ____

EXPERIENCE/BACKGROUND (WORK, MINISTRY, HOBBIES, ETC.): _____

VOLUNTEER ACTIVITIES INTERESTED IN (Check all that apply/ * Special training required):

*HOUSE MOM ____ *MENTOR ____ CHILDREN ____ OFFICE ____ TRANSPORTATION ____

FUND-RAISING ____ PUBLIC RELATIONS ____ CHILDREN ____ *COUNSELOR (EXP.) ____

GARDEN PROJECT ____ LIBRARY MANAGEMENT ____ BUILD. MAINT. ____ LANDSCAPE ____

*TEACH SPECIFIED CURRICULUM ____ OTHER (DESCRIBE): _____

WHEN ARE YOU AVAILABLE? (PLEASE CHECK ALL THAT APPLY)

	MORN.	AFT.	EVE.
MONDAY	____	____	____
TUESDAY	____	____	____
WEDNESDAY	____	____	____
THURSDAY	____	____	____
FRIDAY	____	____	____
SATURDAY	____	____	____

PLEASE LET US KNOW WHAT AREA(S) YOU ARE **NOT** INTERESTED IN VOLUNTEERING: _____

ADDITIONAL INFORMATION: _____

OFFICE USE ONLY:

DATE REC'D _____ DATE REVIEWED _____ REVIEWED BY _____ STATUS _____