



Volunteer Skills and Interests Form

Name: _____

In an attempt to best utilize our volunteers' skills and abilities, we are requesting that you review the following list and check any of the areas where you would be willing to help out. Also, if you are available to help on a regular basis, please let us know what day(s) works best for you.

Monday Tuesday Wednesday Thursday Friday Saturday

Administrative/Organizational Support

- | | |
|---|---|
| <input type="checkbox"/> Board or Committee Member | <input type="checkbox"/> Computer/Internet Services |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Donations Pickup | <input type="checkbox"/> Fundraising Events |
| <input type="checkbox"/> Receptionist/Telephone Answering | <input type="checkbox"/> Donations Sorting/Packing |
| <input type="checkbox"/> Grant Request Writing | <input type="checkbox"/> Assemble Kits |

Construction/Maintenance

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Custodial |
| <input type="checkbox"/> Tree Planting | <input type="checkbox"/> Yard Care |
| <input type="checkbox"/> Facility Design/Construction | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Lawn Care | <input type="checkbox"/> Electrician |
| <input type="checkbox"/> Window Washing | <input type="checkbox"/> Other _____ |

Disaster/Emergency Services

- | | |
|---|--|
| <input type="checkbox"/> Emergency Medical Technician | <input type="checkbox"/> First Aid/CPR |
|---|--|

Special Event Support

- | | |
|--|---|
| <input type="checkbox"/> Setup/Cleanup | <input type="checkbox"/> Event Coordination |
|--|---|

Communications/Marketing

- | | |
|---|---|
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Video Production |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Writing |