

SAFE PASSAGE VOLUNTEER INTEREST/SKILLS SURVEY

NAME: _____ DATE: _____

PHONE NUMBER: _____ EMAIL: _____

What types of activities are you interested in doing for Safe Passage? (Please circle all areas of interest)

Clerical/Office

Answering phones
Filing
Photocopying
Recordkeeping
Shredding
Sorting
Organizing
Accounting
Other:

Computer Work

Data Entry
Desktop Publishing
Excel
Software
Computer Maintenance
Graphics
Other:

Communication/Info

Brochures/Newsletters
Public Speaking/Education
Displays
Bulletin Boards
Community Events
Fundraising
Other:

Direct Client Service

Childcare
Mentoring/Life Skills
English/Writing Tutor
Math Tutor
Science Tutor
History Tutor
Art/Painting/Drawing
Sports
Cooking
Children's Activities
Adult Activities
Singing
Dancing
Religion
Languages
Culture
Exercise
Reading
Photography
Other:

Maintenance/Housing

Outside/Grounds
Painting
Cleaning
Household Repairs
Other:

Do you speak a language other than English? Yes No If yes, what language?

When are you available to volunteer? Weekdays Weeknights Weekends

In order to ensure volunteers' safety and health, we need to know if there are any concerns that may affect your work.

Comments/Concerns/Other: _____

