

# 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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