



Prospective Volunteer Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Today's Date: _____ Age, if youth under 18: _____

Phone: _____ Fax: _____ E-mail _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Why do you want to volunteer?

Please check the skills and interests you want to use in volunteering

- | | | |
|--|--|---|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Fine Arts/Entertainment | <input type="checkbox"/> Phone Calling |
| <input type="checkbox"/> Answer Phones | <input type="checkbox"/> Food Prep/Service | <input type="checkbox"/> Preschool Assistant |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Friendly Visitation | <input type="checkbox"/> Read to Adults |
| <input type="checkbox"/> Bereavement Support | <input type="checkbox"/> Fund Raising Events | <input type="checkbox"/> Read to Children |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> General Maintenance | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Collect Donated Items | <input type="checkbox"/> Group Facilitator | <input type="checkbox"/> Research |
| <input type="checkbox"/> Community Investment | <input type="checkbox"/> Homeless Programs | <input type="checkbox"/> Resource Development |
| <input type="checkbox"/> Community Organizer | <input type="checkbox"/> Hospital-Other | <input type="checkbox"/> Serve on Nonprofit Board |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Household Chores | <input type="checkbox"/> Serve on Committees |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Information & Referral | <input type="checkbox"/> Special Event Assistant |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Landscaping, Lawncare | <input type="checkbox"/> Sport Coach |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Library Aid | <input type="checkbox"/> Summer Camp Assistant |
| <input type="checkbox"/> Decorating | <input type="checkbox"/> Mailings | <input type="checkbox"/> Transportation Provider |
| <input type="checkbox"/> Deliver Prepared Meals | <input type="checkbox"/> Manicurist | <input type="checkbox"/> Tutor Adults |
| <input type="checkbox"/> Disabled Adults | <input type="checkbox"/> Marketing, communications | <input type="checkbox"/> Tutor Children |
| <input type="checkbox"/> Disaster Relief | <input type="checkbox"/> Medical/Health Services | <input type="checkbox"/> Used Clothing Store |
| <input type="checkbox"/> Early childhood (birth to 5 yr) | <input type="checkbox"/> Mentor | <input type="checkbox"/> Visually Impaired |
| <input type="checkbox"/> Education | <input type="checkbox"/> Music | <input type="checkbox"/> Volunteer Coordination |
| <input type="checkbox"/> Elderly Programs | <input type="checkbox"/> Nature | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Family Services | <input type="checkbox"/> Newsletter | |
| <input type="checkbox"/> Financial Literacy Education | | <input type="checkbox"/> Other (Please Specify) |

Do you have any physical limitations or transportation limitations?

- Yes, please explain _____
- No

Please contact me for United Way of Medina County Days of Caring?

- Yes
- No

When are you available to volunteer? Please indicate best days and times:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9am - noon							
Noon - 5							
After 6pm							

How many hours per week do you wish to volunteer? _____

Commitment:

- Less than 1 month
- 1 – 6 months
- 6 months – 1 year
- 1 year or more

Preference:

- Individual Opportunity
- Group Project

Signature (parent's signature if under 18 years)

Date

Please return to:

Mary Raitano
United Way of Medina County
Volunteer Center
704 North Court Street,
Medina, OHIO 44256
mraitano@unitedwaymedina.org

For Office Use Only

Notes:

Date of Interview: _____

Assignment: