



Volunteer Network Survey

Personal Information	
Name	Birthday (month/day)
Home Address	Home Phone/Email
City/State/Zip	Education (Highest Level) <input type="radio"/> High School <input type="radio"/> Some College <input type="radio"/> 2-year Degree <input type="radio"/> 4-year Degree <input type="radio"/> Other _____
Business Address	
Business Phone/Fax/Email	

Placement Information	
Date Available To Start	Areas of Interest/Hobbies
Volunteered with GIC before? <input type="radio"/> Yes <input type="radio"/> No	Reference (Name/Phone)
If yes, where?	Reference (Name/Phone)
Are you willing to sign a Consent of Release Form for a background check? <input type="radio"/> Yes <input type="radio"/> No	
How did you hear about Girls Incorporated? <input type="radio"/> Friend <input type="radio"/> Media <input type="radio"/> Board Member <input type="radio"/> Volunteer Center <input type="radio"/> Community Event (What/When) _____ <input type="radio"/> GIC Staff (Who) _____ <input type="radio"/> Other _____	

Interest Information
What age group(s) are you interested in working with? Check all that apply. <input type="checkbox"/> 6 – 8 year olds <input type="checkbox"/> 9 – 11 year olds <input type="checkbox"/> 12 – 14 year olds <input type="checkbox"/> 15 – 18 year olds
Which of the following do you have an interest? Check all that apply. Circle any specialty areas. <input type="checkbox"/> Tutoring (Algebra, Reading, Writing, General Math, Science, etc.) <input type="checkbox"/> Facilitating Seminars (Life Skills, Culture Enrichment, Careers, etc.) <input type="checkbox"/> Coordinating Field Trips/Activities (Cultural, Environmental, etc.) <input type="checkbox"/> Recreational Programming (Sports, Parks, etc.) <input type="checkbox"/> Skill Development Programming (Job Skills, Leadership Skills, etc.) <input type="checkbox"/> Visual and/or Performing Arts (Art Sessions, Drama Classes, etc.) <input type="checkbox"/> Administrative/Clerical (Filing, Answering Phones, Typing, Data Entry, Mass Mailing, etc.) <input type="checkbox"/> Other _____

Signature _____

Date _____