

RESPONSE, INC

PO BOX 287

WOODSTOCK, VA 22664

Office: 540-459-5599 Hotline: 540-459-5161 Fax: 540-459-5799

Volunteer Information Form

Date: _____ Phone: _____

Name: _____ E-Mail: _____

Address: _____ Date of Birth: _____

Place of Employment: _____

Address: _____

Phone: _____ Extension: _____

May we contact you at work? _____

Education Background:

High School yes ___ no ___ College yes ___ no ___ Other? _____

Any Special training? _____

Interests or Hobbies? _____

Skills (be specific) _____

Have you ever volunteered before? _____ Where? _____ When? _____

What did you do? _____

References:

1) Name _____ Phone _____

Address _____

Relationship _____ Years Known _____

2) Name _____ Phone _____

Address _____

Relationship _____ Years Known _____

3) Name _____ Phone _____
Address _____
Relationship _____ Years Known _____

Although experience is not a requirement, we are interested in any information you may wish to give concerning your experience working with people:

What is your experience working with people of different socioeconomic or ethnic backgrounds or with people whose beliefs differ from yours?

How did you become interested in volunteering for Response?

What would you like to gain by volunteering for Response?

Have you ever been a victim of domestic violence or sexual assault? ____yes ____no

If so, how long ago? _____

Is there anything else you want to tell us about you, or your preferences of the type of volunteering you wish to do?