VOLUNTEER PROFILE

We are so glad you want to volunteer at the Community Center! Your answers to these questions will help us to help you find your fit here, as well as answer questions from some of our funding sources. Thank you for taking the time to complete this profile!

Contact Information:
Name: ___________________________________________________________________________________

Address: ___________________________________________________________________________________

City: ___________________________________ State: ___________ Zip: _____________

Phone: ____________________ Fax: ________________ Email: _____________________________

Best way to contact you: ___ Phone ___ Email

Best time to contact you: ___ Morning ___ Afternoon ___ Evening

Registered Volunteer: ___ RSVP (Retired Senior Vol. Program)

Volunteer Interests: (please check your area (s) of interest
___ Mailings ___ Festivals/ Events ___ Thrift Store
___ Carpentry ___ Food Pantry ___ Singing/Fun Band
___ Cleaning ___ Fundraising ___ Summer Lunch Bunch
___ Cooking/Baking ___ Gardening Other _____________
___ Crafts ___ Packing Backpacks

Annual Events:
The following are annual events we host. If you would like to volunteer at one or more of these events, please check the appropriate box.
___ Annual Block Party ___ Annual Card Party ___ Community Dinners
___ Annual Card Party ___ Holiday Caring Program ___ Annual Golf Tournament
___ Holiday Caring Program ___ Memorial Day Parade Cookout ___ Back-To-School Program
___ Memorial Day Parade Cookout ___ Bingo ___ Americade

The mission of the Moreau Community Center is to meet the multi-generational needs of the community in a compassionate and inclusive environment.
Reason(s) for volunteering:

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

Best times to volunteer:

Season:  ___ Winter  ___ Spring  ___ Summer  ___ Fall
Day of week: ___ Sunday  ___ Monday  ___ Tuesday  ___ Wednesday
            ___ Thursday  ___ Friday  ___ Saturday
Time of day: ___ Morning  ___ Afternoon  ___ Evening

Please indicate your preference: ___ Active  ___ Stationary Activity

Have you volunteered with us in the past:  ___ Yes  ___ No

Is there anything else you would like us to know? Special interests? Talents? Something we should never call and ask you to do?
____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

How did you hear about our Center’s volunteer opportunities? __________________________________________

____________________________________________________________________________________________________

Demographic Information:

Many of our funding sources want to know, in general terms, who our volunteers are.

Age Group:  ___ 0-20  ___ 21-30  ___ 31-40  ___ 41-50  ___ 51-60
            ___ 61-70  ___ 71-80  ___ 80+

The following demographic information is OPTIONAL, but it would be very helpful:

Race:___________________  Gender:___________________

Thank You!