



Inspired Care. New Possibilities.

Volunteer Interest Form

Last Name: _____ First Name: _____ Date: _____

Address: _____ Tele: _____ (H); _____ (O)

_____ Cell: _____ Fax: _____

_____ EMAIL: _____

Company or Volunteer Group Name: _____

1. What languages do you speak? (circle all that apply)

English Spanish French German Japanese
Other

2. What professional skills or specialized training do you have? (circle all that apply)

Carpentry Plumbing Flooring Wiring Masonry Roofing
Painting Legal Computer Exercise Teacher First
Aid/CPR

Writing Library Community Organizing and/or Planning
Mentoring

Supervisory Counseling Business Management Music Landscaping

Other: _____: _____: _____: _____:

3. List any additional general skills you have: (Circle)

Computer Filing Phone Office Machines/Equipment Gardening

Other: _____: _____: _____: _____:

4. Interests and/or hobbies: (Circle)

Sports Reading Puzzles/Games Arts/Crafts Dancing
Collecting



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Other: _____: _____: _____: _____:

5. ___Yes; ___No I am interested in sharing my religious experience; I regularly attend/belong to

(Name of Congregation/Location)

6. Please List any diplomas, certificates, licenses, or degrees obtained:

a. _____ b. _____

c. _____ d. _____

7. Please explain why you are interested in volunteering with Enable; Other Comments:

PLEASE DO NOT WRITE BELOW. FOR STAFF ONLY.

Assigned Volunteer Activities:

Activity: _____ Activity date(s): _____

Comments: _____

Activity: _____ Activity date(s): _____

Comments: _____



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Activity: _____ Activity date(s): _____

Comments: _____

Interview Comments: