



# Volunteer Questionnaire

As **Restore Hope** continues its work to support children and families affected by child sexual abuse, we need your help! You can become a partner in helping us to be successful by volunteering!

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Email (*please print*): \_\_\_\_\_

Best way to contact you? \_\_\_\_\_ Best time to contact you? \_\_\_\_\_

Profession: \_\_\_\_\_ Hobbies: \_\_\_\_\_

Educational Background: \_\_\_\_\_

**Areas of interest in serving:** (*Please check all you are willing to help with*)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Event set-up/clean-up | <input type="checkbox"/> Crafts              | <input type="checkbox"/> Computer          |
| <input type="checkbox"/> Work with victims     | <input type="checkbox"/> Photography         | <input type="checkbox"/> Working with kids |
| <input type="checkbox"/> Recruiting            | <input type="checkbox"/> Public Speaking     | <input type="checkbox"/> Writing/Editing   |
| <input type="checkbox"/> Kitchen/cooking       | <input type="checkbox"/> Training            | <input type="checkbox"/> Tutoring          |
| <input type="checkbox"/> Cashier/sales         | <input type="checkbox"/> Counseling          | <input type="checkbox"/> Teaching          |
| <input type="checkbox"/> Finance               | <input type="checkbox"/> Publicity/Promotion | <input type="checkbox"/> Bilingual         |

Other interests: \_\_\_\_\_

Please share any past volunteer experiences: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Availability – Please indicate days/times you are generally available to serve.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							
Evening							

Do you have access to an automobile for volunteer work? Yes  No

RETURN TO: Pam Congdon, Restore Hope  
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