



Volunteer Questionnaire

Volunteer: _____ Date: _____

Date volunteer service began: _____

How did you hear about our organization? _____

What type of volunteer work are you interested in? Administration Events

Have you done volunteer work for any other groups? Yes No

Please explain: _____

Skills that might be useful (massage, salon skills, etc.) _____

Contact preference: Home Work

Home Information

Birthday: Month _____ Day _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Cell phone: () _____

E-mail: _____

Work Information

Company: _____

Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Cell phone: () _____

E-mail: _____

Copies to: Director and Webmaster

Mail to: Esther Skiba, QFAD & Heroes, Director, 630 Granger Road, Ortonville, MI 48462
e-mail: qfad.heroes@gmail.com, chapter website: www.detroitqfad.com or www.heroes-michigan.com

This information to be used only by our organization in its database of volunteer information.