

Oral Interview: \_\_\_\_\_

# VOLUNTEER INTEREST FORM

NAME: \_\_\_\_\_

Please check the boxes which represent your current interests in the volunteer program

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|----------------------------|--------------------------|----------------------------|--------------------------|
| • Meeting the Public       | <input type="checkbox"/> | Advertising                | <input type="checkbox"/> |
| • Public Speaking          | <input type="checkbox"/> | Research                   | <input type="checkbox"/> |
| • Art/Design/Graphics      | <input type="checkbox"/> | Record Keeping             | <input type="checkbox"/> |
| • Data Entry               | <input type="checkbox"/> | Statistics                 | <input type="checkbox"/> |
| • Typing                   | <input type="checkbox"/> | Team Work                  | <input type="checkbox"/> |
| • Transcription            | <input type="checkbox"/> | Working Alone              | <input type="checkbox"/> |
| • Answering Phones         | <input type="checkbox"/> | Community Speed Watch      | <input type="checkbox"/> |
| • Filing                   | <input type="checkbox"/> | Courier Service            | <input type="checkbox"/> |
| • Being in Charge          | <input type="checkbox"/> | Animal Control Bureau      | <input type="checkbox"/> |
| • Accepting Responsibility | <input type="checkbox"/> | Crime Laboratory           | <input type="checkbox"/> |
| • Writing                  | <input type="checkbox"/> | Handicapped Parking Patrol | <input type="checkbox"/> |

Other Specialized Skills, Hobbies, or Interests You Possess:

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Volunteers are required to work a minimum of sixteen (16) hours per month. What day(s) and times are usually convenient for you?

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If a position is available, do you have a specific location where you would like to volunteer?

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