

Volunteer In The Community Questionnaire

Name: _____

Phone: WK: _____ HM: _____

Email: _____

1. Where do you live (part of town) ? _____
2. Where do you work (part of town) ? _____
3. What would be the ideal day and time of day for you to volunteer?
Days: _____
Time of day: _____
How many times a month would you like to volunteer? _____
4. Are there any particular audiences you are interested in serving?
– e. g., children, homeless, men, women, immigrants, etc. _____
5. Are there any particular audiences you are not interested in or uncomfortable serving? -- e. g., children, homeless, men, women, etc. _____
6. Are there any particular kinds of service you are interested in doing -- e. g., feeding the hungry, children, or immigrants, etc. _____
7. Are there any particular kinds of service you are not interested in doing? -- e.g. feeding the hungry, children, men, women or immigrants, etc. _____
8. How many minutes away from home by car are you willing to do community service? _____
9. How many minutes from work by car are you willing to do community service?

10. Have you volunteered before? _____
11. If, so, where have you volunteered before? _____
12. Was it fulfilling for you?
Why? _____
Why not? _____
13. Do you speak a second language or have a special talent you would like to share?

14. Is there anything else you would like ACM to know about your volunteering?

Return Volunteer Questionnaire to:
Atlanta Community Ministries, 7 Piedmont Center, Suite 420, Atlanta, GA 30305; acm@outofourseats.org
or fax to: 404-846-0033.

7/15/09

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