

Trinity Services, Inc. - Helping people with disabilities live full and abundant lives

Alfa Foundation
VOLUNTEER SURVEY

(Mr. / Mrs. / Ms.) Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Occupation: _____ Do you currently volunteer: _____ If yes, where: _____

What motivates you most to volunteer? _____

What are your hobbies? _____

Have you ever worked with people with intellectual disabilities? _____ If yes, when and where: _____

What types of volunteer work would you like most to do (please check all that apply):

1. Helping people with intellectual disabilities learn new skills in: Art _____; Horticulture: _____; Job Coach _____

Social Skills _____; Life Skills _____; Cooking _____; Weekend Activities _____; Anything Needed _____

Vocational Training _____; Building Social Capital _____; Attending Community Events _____; Other _____

2. Participate in or lead Fund Raising Events _____; What types of events you would most like to participate in?

(Check all that apply): Weekly Farmers Market _____ Art Show _____ Trivia Night _____ Craft Show _____

Rummage Sale _____ Gourmet Coffee Bar _____ Golf Tournament _____ Agricultural Events _____ Walk/Run _____

Silent Auction _____ Raffle _____ Other _____

3. Retail sales clerk _____

4. Phone tree coordinator (calls volunteer list when volunteers are needed) _____

5. Any other volunteer activity: _____

What is your availability? M ___ T ___ W ___ Th ___ F ___ Sat ___ Sun ___ What time? AM ___ PM ___ All Day ___

Once a week _____; Once a month _____; Call me when needed _____; Other _____

THANK YOU FOR YOUR TIME AND INTEREST. WE WILL BE CONTACTING YOU!