Volunteer Questionnaire Form

Name: ____________________________________________ Date: ________________

Address: ____________________________________________________________________________

City: __________________________ State: ___________ ZIP Code: ______________

Phone: (Home) __________________________ (Office) __________________________

<Cell>__________________________ (Fax) __________________________

Email: ____________________________________________________________________________

I. Skills and Interests

1. Educational background: ____________________________________________________________

2. Current Occupation: ________________________________________________________________

   a. Employer: ________________________________________________________________________

   b. Work Schedule: ____________________________________________________________________

3. Hobbies: __________________________________________________________________________

4. Previous Volunteer Experience: _______________________________________________________

5. Skills: ___________________________________________________________________________

6. Interests (check all that apply):

   ______ Working with Victims ______ Enjoy Writing
   ______ Educating Civic Groups ______ Bilingual (English / ________)
   ______ Community Event Planning ______ Grant Writing
   ______ Counseling Others ______ Public Speaking
   ______ Educating Children ______ Fund Raising
   ______ Working Outdoors ______ Computer Skills
   ______ Working One-on-One ______ Research
   ______ Working in a Group ______ Training Others
   ______ Working Independently ______ Other ______________________
II. Preferences in Volunteering

1. Is there a particular group with which you are most interested in working?
   ___ Children       ___ Teens       ___ Adults       ___ Others: ________

2. Are there any groups with which you would not be interested in working?
   ___ No             ___ Yes ______________________________

III. Availability

1. At what times are you interested in volunteering?
   ___ Flexible       ___ Weekends     ___ Weekdays
   ___ Evenings       ___ Other: ________

2. Do you have a geographic preference for volunteer work? ___ No
   If Yes, please indicate preferred area: ____________________________________________

3. Do you have access to an automobile you can use for volunteer work? ___ Yes   ___ No

IV. Background

1. Why do you wish to volunteer for Enough Is Enough?
   ___________________________________________________

2. Have you, or any member of your family or friends been involved in an incident involving Internet safety? If yes, please explain.
   ___________________________________________________

3. Have you ever been convicted of a criminal offense? If yes, please explain.
   ___________________________________________________

4. Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work? If yes, please explain.
   ___________________________________________________

5. Please list two non-family references whom we might contact:
   a. ___________________________________________ Phone: __________________
   b. ___________________________________________ Phone: __________________

If you have any questions, please feel free to call us at 1-888-744-0004.
Please return form to ENOUGH IS ENOUGH, 746 Walker Road, Suite 116, Great Falls, VA 22066