

Volunteer Interest Form

Name: _____

Date: _____

Birth date: _____

Home Address: _____

City: _____ State: _____ County: _____ Zip: _____

Home Phone: _____ Cell: _____

Home Email: _____

Current Employer: _____

Organization/Affiliation (if applicable): _____

Availability (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Am flexible | <input type="checkbox"/> Prefer multiple times per week |
| <input type="checkbox"/> Prefer mornings | <input type="checkbox"/> Prefer once per week |
| <input type="checkbox"/> Prefer afternoons | <input type="checkbox"/> Prefer once every 2 weeks |
| <input type="checkbox"/> Prefer special events | <input type="checkbox"/> Prefer once per month |
| <input type="checkbox"/> Prefer Monday | <input type="checkbox"/> Prefer Tuesday |
| <input type="checkbox"/> Prefer Wednesday | <input type="checkbox"/> Prefer Thursday |
| <input type="checkbox"/> Prefer Friday | <input type="checkbox"/> Prefer weekend work |

Skills and Interests (check all that apply)

- Working directly with preschool children
- Working with K5-1st grade children
- Working with 2nd-3rd grade children
- Working with 4th-5th grade children
- Working with youth with autism
- Working with young adults with autism
- Working in classrooms
- Working in a one-on-one setting
- Performing clerical and office duties
- Helping with fundraising activities
- Helping with community awareness activities
- Sharing a talent, teach a skill

Other experiences or ideas? _____

Mail to:

Project HOPE Foundation, PMB 358, Suite 2100, 2131 Woodruff Rd., Greenville SC 29607

Phone: (864) 676-0028

Email: