



## **MOH VOLUNTEER INTAKE QUESTIONNAIRE**

**In order to get to know our volunteers better and to assist us in meeting your needs as a volunteer we ask that you complete this form and return it to us.**

- 1. Tell us about yourself (hobbies, interests, past/present career, etc).  
What brings you the most joy?**
- 2. What are nonprofit causes that are close to your heart? Why are these special to you? Why does our cause resonate?**
- 3. How did you hear about our organization? What appeals to you about our organization?**
- 4. We hope our volunteers get as much as they give. Is there anything particular you'd like to gain from a volunteer experience with us?**
- 5. Have you volunteered before? Are you still volunteering? IF you left, why did you leave? What did you like about it? What did you dislike?**

- 6. Do you have any specific knowledge, skills or talents you would like to contribute? Is there anything you don't want to do? Do you prefer working alone or with a group?**
- 7. Explain a time when you had to work as a member of a team. What role did you take o and what kind of member were you? Were there any challenges, and if so, how did you handle them?**
- 8. What makes you feel appreciated in the workplace and when you volunteer? What drives you crazy?**
- 9. Is there a specific Miles of Hope Event you would like to volunteer for:**
- a. Hoops for Hope**
  - b. Family Fun Run**
  - c. Brunch**
  - d. Goals for Hope**
  - e. Community Walk**  
**Hits for Hope**
  - f. Fashion Show**

**Thank you for completing this survey. Please email it back to :  
jenoppenheim@frontiernet.net.**

**Or snail mail to: Miles of Hope Breast Cancer Foundation**

**PO Box 405**

**LaGrangeville, NY 12540**