



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 on 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:**
 - **Hoops for Hope (March)**
 - **Family Fun Run (April)**
 - **Brunch (May)**
 - **Goals for Hope (August)**
 - **Community Walk (October)**

Please feel free to share any additional information that you feel is relevant:

Name:

Address:

Phone:

Email:

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

**Or mail to: Miles of Hope Breast Cancer Foundation
PO Box 405
Lagrangeville, NY 12540**