



## **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?**

**Our Current Events:**

- **Brunch (May)**
- **Goals for Hope Soccer Tournament (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 to :**

**jenoppenheim@frontiernet.net**

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

**PO Box 405**

**Lagrangeville, NY 12540**