



VOLUNTEER INTEREST FORM

Name: _____ Date: _____

Address _____ City _____ State / Zip Code _____

Phone (best to reach you) _____ E-mail Address _____

Are you Age 18 or Older? YES NO If NO, what is your age? _____

YES, I want to receive APAH's monthly e-newsletter (must provide email address)

Do you speak any languages other than English? Yes No

If yes, what languages do you speak? _____

I am interested in (choose all areas of interest)

- | | |
|---|--|
| Occasional volunteer opportunities | Young professionals group |
| Ongoing volunteer opportunities
(medium and long-term positions) | Office/administrative |
| Special events | Outdoor work |
| Children | Indoor work |
| Senior citizens | Meal preparation |
| Advocacy | Food distribution |
| Community Outreach | Teaching/presenting:
(subject)_____ |

What is your general availability? (check all that apply)

	Daytime	Evening		Daytime	Evening
Monday			Friday		
Tuesday			Saturday		
Wednesday			Sunday		
Thursday					

What special skills/interests would you like to share?