



Volunteer Profile Sheet

Print this form, fill it out and mail it to the address below.

Name: _____
Daytime Phone: _____ Fax: _____
E-mail Address: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Employer: _____

Age (Optional): Under 14 14-18 19-55 Over 55

TIME - I am available to volunteer:

- Weekdays - Business Hours
- Weekdays - Evenings
- Weekends

I would prefer:

- One-time opportunities
- Short-term opportunities
- Long-term opportunities

SKILLS/INTERESTS/EXPERIENCE - Volunteer Motivation (check as many as apply):

- | | |
|--|---|
| <input type="checkbox"/> Career exploration (list career field of choice): | <input type="checkbox"/> Improve quality of life in community |
| <input type="checkbox"/> Contribute to the community | <input type="checkbox"/> Influence service delivery |
| <input type="checkbox"/> Feel needed | <input type="checkbox"/> Socialization/networking |
| <input type="checkbox"/> Help others | <input type="checkbox"/> Work experience/résumé |
| <input type="checkbox"/> Learn about community needs | |
| <input type="checkbox"/> Other: _____ | |

Skills (work experience, life experience, hobbies, education) you are interested in sharing:

- | | |
|---|---|
| <input type="checkbox"/> Budgeting/Finance | <input type="checkbox"/> Building/Home Repair/Maintenance |
| <input type="checkbox"/> Clerical/Office Work | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Parenting | <input type="checkbox"/> Tutoring |
- Fine/Performing Arts (specify): _____
 Crafts/Hobbies (specify): _____
 Health Field (specify): _____
 Recreation/Sports (specify): _____
 Skilled/Professional Trade (specify): _____
 Special Skills/Talents you have: (specify) _____

Interests (issues you are concerned about, clientele you would like to work with):

- | | |
|---|---|
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Age Group (infant, child, teen, adult, or senior): |
| <input type="checkbox"/> Animals/Wildlife | <input type="checkbox"/> Basic Needs (food, shelter, clothing, etc.) |
| <input type="checkbox"/> Crime Prevention | <input type="checkbox"/> Discrimination (specific area) |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Education |
| <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Environment/Recycling |
| <input type="checkbox"/> Health (specify area, i.e., nutrition, exercise, bloodmobile): | <input type="checkbox"/> Historical Preservation |
| <input type="checkbox"/> Homebound/Hospitalized | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Interracial Relations/Immigration/Refugee | <input type="checkbox"/> Legal Issues/Ex-offenders |
| <input type="checkbox"/> Literacy | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Personal support -- one-to-one relationships | <input type="checkbox"/> Physically Disabled |
| <input type="checkbox"/> Youth Development (mentoring, big brother/sister): | |
| <input type="checkbox"/> Other: _____ | |

Previous volunteer work, if any:

- Boards of Directors
- Church
- Clubs
- Committees
- Sports
- Other: _____

Setting for volunteer work/geographical preference - Please identify what you would prefer:

- | | |
|--|--|
| <input type="checkbox"/> Board of Directors/Committee Work | <input type="checkbox"/> Group Activities |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Independent work |
| <input type="checkbox"/> Museum | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Office | <input type="checkbox"/> One-on-one client interaction |
| <input type="checkbox"/> Outdoors | <input type="checkbox"/> School |
| <input type="checkbox"/> Town/City: | |
| <input type="checkbox"/> Other: _____ | |

Please feel free to use the space below to tell us more about your personal goals or concerns:

Do you want your profile sheet released to agencies seeking volunteers? Yes No

Signed: _____

Date: _____

Please return to:
UNITED WAY'S VOLUNTARY ACTION CENTER
PO Box 550
Binghamton, NY 13902-0550
Phone: (607) 729-9100
FAX: (607) 729-2597



United Way
of Broome County