



## Volunteer Interest Questionnaire

Thank you for inquiring about volunteer opportunities at the Michael E. DeBakey VA Medical Center. Please take a few minutes to complete our Volunteer Interest Questionnaire. You will be contacted by a staff member in the Department of Voluntary Service, only if there is a position that matches your interests, skills and availability.

\* Required fields (please print)

\*Date: \_\_\_/\_\_\_/\_\_\_

\*Name: \_\_\_\_\_ \*DOB: \_\_\_/\_\_\_/\_\_\_

\*Address: \_\_\_\_\_ \*City, State: \_\_\_\_\_

\*Primary Phone Number: \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_

\*Are you at least 18 years of age?  Yes  No (If no, ask about our [Teen Volunteer Program](#))

Please indicate your availability for the following shifts:

\*Select all that apply  Weekday mornings  1-2 Days a Week

Weekday afternoons  3-4 Days a Week

Occasional Volunteer on weeknights or weekends  5 Days a Week

\*Are you currently a college student?  Yes  No

\*Are you fulfilling a school requirement?  Yes  No (If yes, please explain.)

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\*Please select your employment status?

Full-time  Part-time  Retired  Unemployed

\*Are you a Veteran?  Yes  No

\*Are you currently participating in or on the waiting list for TWE/IT program?  Yes  No

\*What type of volunteer position interests you?

Direct Patient Contact

Limited Patient Contact

No Patient Contact

\*Are you available to commit to volunteering for a minimum of six months?  Yes  No



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\*What attracts you to the MEDVAMC volunteer program?

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\*Are your commitments long term or short term volunteering?

- Short-term goals: \_\_\_\_\_
- Long-term goals: \_\_\_\_\_

Is there a type of volunteer position that interests you?  Yes  No (If yes, please explain.)

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Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**For Office Use Only**

Comments: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Approved:  Yes  No

Orientation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_