



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, skill and availability.

Inputs marked * are required fields

Date: ___/___/___

*Name (Last, First, Middle Initial): _____

*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:

Weekday Morning (8am-12pm or 9am-1pm)

Weekday Afternoon (12p-4p or 1p-5p)

Weekday Evening (4p-7:30p) only for applicable volunteer positions

Saturday or Sunday (8am-4pm) only for applicable volunteer positions

*Select all that apply

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> 1-2 Days a Week
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> 2-3 Days a Week
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> 3-4 Days a Week
<input type="checkbox"/> Saturday or Sunday	<input type="checkbox"/> 5 Days a Week

*Are you currently a college student? Yes No (If Yes, ask about our [College Student Program](#))

*Are you fulfilling a school requirement? Yes No (If Yes, please explain in the space provide below)

*Please select your employment status?

Full-time Part-time Retired Self-employed Unemployed

*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



Volunteer Interest Questionnaire

*Are you available to commit to volunteering for at least six months? Yes No

*What attracts you to MEDVAMC volunteer program?

*Is your commitments long term or short term volunteering?

Short-term goals: _____

Long-term goals: _____

Is there a particular type of volunteer position that interests you? Yes No (If yes, please explain in the space provide below)

For Office Use Only	
Comments:	Staff Initials:
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Orientation Date: ____/____/____	