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.)

_____________________________________________________________________________________

_____________________________________________________________________________________

*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?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

*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.)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Signature: ________________________________________________________________ Date: ___/___/_____

For Office Use Only

Comments: __________________________________________ Staff Initials: ____

Approved: ☐ Yes ☐ No

Orientation Date: _____/____/____