

AAASM Internship/Volunteer Intake Form



Center for Volunteer Development

Volunteer Intake Form

Volunteer Name: _____

Volunteer Address: _____

Telephone Number(s): _____ Volunteer e-mail: _____

Volunteer Placement Organization _____

Address: _____

Person to Call in the Event of an Emergency: _____ Phone _____

Doctor: _____ Phone _____

Placement:

1. I am willing to assist with the following tasks

- Receptionist
- Data entry/light clerical work
- Writing articles for newsletter, proofreading publications
- Preparing or serving food
- Phone calls to volunteers, clients or donors
- Facility maintenance workdays (painting, carpentry, etc.)
- Conducting research for development staff
- Organizing small parties and special events
- Hand addressing envelopes to benefit events
- Assisting children with homework
- Other task(s) (describe)

2. I have the following special skills to contribute:

3. I am available to help at the following dates and times:

___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

___ Mornings ___ Afternoons ___ Evenings

Any specific hours? _____

Would you prefer to help occasionally? _____

4. Describe what you want to get from your volunteer experience:

___ Increase my skills in _____

___ Meet new people; professional networking

___ Social events

___ A sense of giving something back, of contributing to a good cause

___ Interest in/education in the work the organization does

___ Association with people I admire

___ Other

For Office Use Only

Notes:

Position:

Start date:

Mentor Information:

AAASM.org
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