



**Interest Profile**

OFFICE USE ONLY:  
Date of Interview: \_\_\_\_\_  
Where Placed: \_\_\_\_\_  
Time Placed: \_\_\_\_\_

Print Name: \_\_\_\_\_

**INTEREST/ SKILLS:**

(Please indicate with a check mark below which would you would be willing to share as a volunteer here)

**CLERICAL SKILLS:**

\_\_\_ filing \_\_\_ Phone receptionist \_\_\_ using copier  
\_\_\_ computer \_\_\_ numerical updating \_\_\_ Mailings \_\_\_ alphabetizing  
Other: \_\_\_\_\_

**COMMUNICATION SKILLS:**

\_\_\_ Public Speaking \_\_\_ Journalism  
\_\_\_ Research \_\_\_ Photography \_\_\_ Calligraphy \_\_\_ Foreign Language  
\_\_\_ Graphic Arts \_\_\_ Sign Language  
Foreign Languages you speak: \_\_\_\_\_ Other: \_\_\_\_\_

**PATIENT CARE SERVICES:**

\_\_\_ visiting/Listening  
\_\_\_ putting puzzles together \_\_\_ playing cards

**PERSONAL SKILLS:**

\_\_\_ Drawing \_\_\_ Painting \_\_\_ Knitting \_\_\_ Crafts  
\_\_\_ Crocheting \_\_\_ Macramé \_\_\_ Sewing \_\_\_ Needlework \_\_\_ Baking  
\_\_\_ Leather work \_\_\_ Gardening \_\_\_ Musical instrument  
Other: \_\_\_\_\_

Describe your educational and occupational background which demonstrates your Unique skills and talents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you want to be called on for your talents if need be? Yes No

*Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.*

How or why did you become interested in our volunteer program?

\_\_\_\_\_  
\_\_\_\_\_

Have you volunteered for this organization before?  Yes  No

If yes; when? \_\_\_\_\_

Have you volunteered at any other organization? If yes, where?

\_\_\_\_\_

Any limitations to your health?  Yes  No: If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Please give any other information you feel pertinent to your application:

\_\_\_\_\_

Would you be interested in volunteering at Health Fairs or Special events? \_\_\_\_\_

**Volunteer Services**

Check the service(s) you are interested in:

Monday—Friday

**Mail Room :** 9:00am-11:00am \_\_\_\_\_

**Front Desk:** 8:00am-11:00am \_\_\_\_\_

11:00am-2:00pm \_\_\_\_\_

2:00pm-5:00pm \_\_\_\_\_

5:00pm-8:00pm \_\_\_\_\_

**Surgery Desk:** 8:00am– 12:00pm \_\_\_\_\_

12:00pm-4:00pm \_\_\_\_\_

**Other:** \_\_\_\_\_

**Time Preferences:**

**Mornings:** \_\_\_\_\_

**Afternoons:** \_\_\_\_\_

**Evenings:** \_\_\_\_\_

Mondays: \_\_\_\_\_

Tuesdays: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursdays: \_\_\_\_\_

Fridays: \_\_\_\_\_

**Frequency:**

Daily: \_\_\_\_\_

Weekly: \_\_\_\_\_

Bi-weekly: \_\_\_\_\_

Monthly: \_\_\_\_\_