

Zoë Ministries, Inc.
P.O. Box 26 Greenwood, DE 19950
Volunteer Questionnaire Form

Name: _____ Date: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Phone: (Home) _____ (Office) _____
(Cell) _____ (Fax) _____
Email: _____

I. Skills and Interests

1. Educational background: _____
2. Current Occupation: _____
 - a. Employer: _____
 - b. Work Schedule: _____
3. Hobbies: _____
4. Previous Volunteer Experience: _____
5. Skills: _____
6. Interests: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Victim Assistance | <input type="checkbox"/> Bilingual (English/_____) |
| <input type="checkbox"/> Community Event Planning | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Public Speaking/Awareness |
| <input type="checkbox"/> Education | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Medical Experience | <input type="checkbox"/> Computer Skills |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Research |
| <input type="checkbox"/> Assisting with Office Tasks | <input type="checkbox"/> Program Development |
| <input type="checkbox"/> Prayer | <input type="checkbox"/> Ministry Helps |
| <input type="checkbox"/> Website Management | <input type="checkbox"/> Market/Media Management |

II. Preferences in Volunteering

1. Is there a particular group with which you are most interested in working?
 Children Teens Adults N/A

III. Availability At what times are you interested in volunteering?

Flexible Weekends Weekdays

_____ Evenings _____ Other: _____

2. Do you have a geographic preference for volunteer work? _____ No

If yes, please indicate preference area: _____

3. Do you have a access to an automobile you can use for volunteer work?

_____ Yes _____ No

IV. Background

1. Why do you wish to volunteer for Zoë Ministries?

2. Have you ever been convicted of a criminal offense? If yes, please explain.

3. Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work? If yes, please explain.

4. Is there any history of trauma in your background? If yes, would you be willing to share this with the director from Zoë Ministries? _____

(The director will keep trauma histories confidential unless there is permission from you to share with one of the licensed counselors working with and for Zoë.)

5. Zoë is a Christian non-profit. How comfortable are you working with a religious program? Mark your level of comfort below: 1 = not comfortable, 10 = very comfortable

1 2 3 4 5 6 7 8 9 10

Please explain your response: _____

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Prior to working with Zoë Ministries you will need a background check completed and mailed to Zoë. You may get a background check done through the Georgetown or Dover State Police Departments. The fee for a State and Federal Criminal Background Check is \$69.00. No appointment is necessary for the Dover office (655 South Bay Road, Suite B1). An appointment is required for the DE State Police (on the corner of Shortly Road and Route 113), Troop 4 in Georgetown, (302)739-2528.

6. Please list at least two non-family references whom we may contact:

- a. _____ Phone: _____
- b. _____ Phone: _____
- c. _____ Phone: _____