

**TRI-COUNTY OIC VOLUNTEER INFORMATION SURVEY**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # (DAY) \_\_\_\_\_ FAX # \_\_\_\_\_ (Indicate work or home) PHONE (EVE) \_\_\_\_\_

E-MAIL ADDRESS (HOME) \_\_\_\_\_ E-MAIL ADDRESS (WORK) \_\_\_\_\_

EDUCATIONAL BACKGROUND \_\_\_\_\_

EXPERIENCE BACKGROUND \_\_\_\_\_

INTERESTS AND HOBBIES \_\_\_\_\_

COMPUTER EXPERIENCE/INTEREST, INCLUDING SOFTWARE WITH WHICH YOU ARE FAMILIAR:

VOLUNTEER ACTIVITIES IN WHICH YOU ARE INTERESTED:

(Check all that apply)

A. \_\_\_ TUTORING (ONE-TO-ONE)

SUBJECTS WHICH YOU'LL TUTOR: \_\_\_ READING \_\_\_ MATH \_\_\_ SCIENCE \_\_\_ SOCIAL STUDIES  
\_\_\_ WRITING \_\_\_ COMPUTER \_\_\_ TYPING/WORD PROCESSING \_\_\_ ENGLISH AS A SECOND LANGUAGE  
OTHER SUBJECTS \_\_\_\_\_

B. \_\_\_ TEACHER'S AID (CLASSROOM)

C. \_\_\_ CLERICAL/RECEPTIONIST

D. \_\_\_ FUND-RAISING

E. \_\_\_ HELPING WITH GRADUATION

F. \_\_\_ OFFICE FIX-UP/MAINTENANCE

G. \_\_\_ HEALTH LITERACY PROGRAM

H. \_\_\_ EARLY CHILDHOOD EDUCATION

H. \_\_\_ MENTOR

I. \_\_\_ PUBLIC RELATIONS

J. \_\_\_ GARDEN PROJECT

K. \_\_\_ BOOK DRIVES/LIBRARY MANAGEMENT L. \_\_\_ OTHER (DESCRIBE)

TIMES WHICH YOU ARE AVAILABLE (PLEASE CHECK)

	MORN.	AFT.	EVE.
MONDAY	_____	_____	_____
TUES.	_____	_____	_____
WED.	_____	_____	_____
THURS.	_____	_____	_____
FRIDA	_____	_____	_____
SAT.	_____	_____	_____
SUNDAY	_____	_____	_____

LOCATIONS AND CLASS SITES AT WHICH YOU WILL WORK:

\_\_\_\_\_

ADDITIONAL INFORMATION \_\_\_\_\_

\_\_\_\_\_