

HEALTHREACH RSVP  
VOLUNTEER INTEREST SHEET

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

I. CHECK ANY OF THE FOLLOWING ACTIVITIES THAT YOU ARE INTERESTED IN:

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|---|--|
| 1. Advocacy _____                             | 16. Knitting _____                     |
| 2. Assist at Meal Site _____                  | 17. Lay Coach (group instructor) _____ |
| 3. Book Club _____                            | 18. Literacy Aide _____                |
| 4. Bulk Mailing _____                         | 19. Meal Delivery _____                |
| 5. Clerical Work _____                        | 20. Mentoring _____                    |
| Office _____                                  | 21. Museum Work _____                  |
| Hospital _____                                | 22. Music _____                        |
| Thrift Store _____                            | Singing _____                          |
| 5. Committee Work _____                       | Play instrument _____                  |
| 6. Computer Instruction _____                 | Entertainer _____                      |
| 7. Congregate Meals _____                     | 23. Photography _____                  |
| 8. Crafts _____                               | 24. Public Speaking _____              |
| 9. Emergency Response _____                   | 25. Publicity _____                    |
| 10. Environmental Work _____                  | 26. Reading (Children) _____           |
| 11. Food Bank Work _____                      | 27. Reading (Adults) _____             |
| 12. Friendly Visiting _____                   | 28. Special Events _____               |
| 13. Fundraising (various opportunities) _____ | 29. Tutoring _____                     |
| 14. Games and/or Cards _____                  | 30. Other _____                        |
| 15. Garden Work _____                         | _____                                  |

II. CHECK THE GROUPS THAT YOU LIKE TO WORK WITH:

- |                         |                               |
|-------------------------|-------------------------------|
| 1. Young Children _____ | 4. Older Adults _____         |
| 2. Teenagers _____      | 5. Disabled/Handicapped _____ |
| 3. Adults _____         |                               |

III. CHECK THE PLACES WHERE YOU PREFER TO VOLUNTEER:

- |                                  |                                 |
|----------------------------------|---------------------------------|
| 1. Agencies _____                | 5. Health care facilities _____ |
| 2. From Home _____               | 6. Libraries _____              |
| 3. Child Care/Head Start _____   | 7. Schools _____                |
| 4. Correctional Facilities _____ | 8. Other _____                  |

IV. AVAILABILITY:

1. Time Specific \_\_\_\_\_
2. Scheduled Routine \_\_\_\_\_
3. Special Events Only \_\_\_\_\_
4. Travel Radius \_\_\_\_\_
5. Seasonal: Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ All \_\_\_\_\_

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OTHER COMMENTS: \_\_\_\_\_

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