



Name: _____

Email: _____

DOB: _____

Gender: _____

Phone: _____

Race/Ethnicity: _____

U of A Student: Y or N

Today's Date: _____

Volunteer Self-Assessment

I am passionate about ... (hobbies/interests, etc.)

I am happy to help with ...

Please don't ask me to ...

I thought you should also know ...

Please list any allergies, barriers, and/or physical restrictions you may have:



I would like to assist with: (ONLY check the box/boxes you are interested in and list how many hours you are able to volunteer for that activity each week.)

Visiting the client in
their home.

☐

How many hour(s) per
week? _____

Calling and checking
on the client.

☐

How many hour(s) per
week? _____

Writing letters, sending
cards, etc.

☐

How many hour(s) per
week? _____

Do you have a valid driver license?

Yes or No

Do you have a vehicle?

Yes or No

Are you willing/interested in
providing transportation?

Yes or No

How much time can you dedicate each week to volunteering with our organization? Please circle.

1 hr

2 hrs

3 hrs

4 hrs

5 hrs

Signature

Date