

## Neighbors Helping Neighbors: Volunteer Connections Matching Survey

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Gender**

- Male
- Female
- Other (*self-describe if desired*) \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip code** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Home phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Languages Spoken** \_\_\_\_\_

**Current/Previous Occupation(s)** \_\_\_\_\_

**Relevant Volunteer Experience** \_\_\_\_\_

**Hobbies/Interests** (select all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Golf              | <input type="checkbox"/> Music                    | <input type="checkbox"/> Board games        |
| <input type="checkbox"/> Baseball          | <input type="checkbox"/> Theater/musicals         | <input type="checkbox"/> Puzzles            |
| <input type="checkbox"/> Basketball        | <input type="checkbox"/> TV/Movies                | <input type="checkbox"/> Shopping           |
| <input type="checkbox"/> Football          | <input type="checkbox"/> Gardening/plants/flowers | <input type="checkbox"/> Cats               |
| <input type="checkbox"/> Soccer            | <input type="checkbox"/> Cooking/baking/food      | <input type="checkbox"/> Dogs               |
| <input type="checkbox"/> Other sports      | <input type="checkbox"/> Sewing/quilting          | <input type="checkbox"/> Other pets/animals |
| <input type="checkbox"/> Walking           | <input type="checkbox"/> Needlepoint/cross-stitch | <input type="checkbox"/> Birdwatching       |
| <input type="checkbox"/> Exercise/movement | <input type="checkbox"/> Knitting/crocheting      | <input type="checkbox"/> Travel             |
| <input type="checkbox"/> Dancing           | <input type="checkbox"/> Painting/drawing         | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> History           | <input type="checkbox"/> Scrapbooking/papercrafts | _____                                       |
| <input type="checkbox"/> Reading           | <input type="checkbox"/> Photography              | _____                                       |
| <input type="checkbox"/> Writing           | <input type="checkbox"/> Other arts/crafts        | _____                                       |
| <input type="checkbox"/> Museums           | <input type="checkbox"/> Card games               |   |

**Referred by** \_\_\_\_\_

**Availability**

Available	SUN	MON	TUES	WED	THURS	FRI	SAT
AM							
PM							

**Who are you willing to serve?** *Please select one.*

- Only men
- Only women
- Anyone

**Please check any services you would like to offer:**

Transportation

- Healthcare related
- Grocery shopping with
- Grocery shopping for
- Pet related (vet, groomer, supply delivery)
- Other errands/outings

Household

- Minor home maintenance (change lightbulbs, air filters, etc.)
- Light household chores (take out trash, help with laundry, light cleaning, etc.)
- Pet care (clean litter box, walk dog, etc.)
- Yardwork (seasonal)

Direct Client Support

- Friendly phone calls (30 min)
- Friendly visits (30-60 min)
- Tech support (help with phone, computer, TV, printer, etc.)
- Document support (help reading/filling out)

**Do you require any accommodations to perform the services you wish to offer?**

- Yes
- No

If yes, please list necessary accommodations \_\_\_\_\_

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**Do you have allergies (dogs, cats, cigarette smoke, etc.) that may limit your ability to provide some services?**

- Yes
- No

If yes, please list \_\_\_\_\_

**Transportation related questions** *(only complete if offering transportation services)*

**Do you smoke?**

- Yes-not in vehicle
- Yes-in vehicle
- No

**Do you ever transport animals in your vehicle?**

- Yes-cats
- Yes-dogs
- Yes-other *(please describe)* \_\_\_\_\_
- No

**Are you able to accommodate mobility aids (ex: walkers, wheelchairs, canes), necessary medical equipment (ex: oxygen tanks), and/or service animals?**

- Yes-all of the above
- Yes-some of the above *(please list limitations)* \_\_\_\_\_
- \_\_\_\_\_
- No

**Is your vehicle high clearance and may be difficult for some participants to get in/out of?**

- Yes
- No