

A ROOM TO HEAL

VOLUNTEER FEEDBACK SURVEY



A Room to Heal's Volunteer Management Team would like to update our volunteer database. You are receiving this Volunteer Feedback Survey because you signed up to receive volunteer notifications through *Lotsa Helping Hands*. Please take five to ten minutes to fill out the survey below. If you have any questions, please contact Katie Blaine, *A Room to Heal's* Volunteer Manager, at kbmblaine@gmail.com.

Name: _____	
Street address: _____	
City: _____	State: _____ Zip: _____
Home phone: _____	Cell phone: _____
E-mail: _____	Website (if applicable): _____
Employer: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____
Emergency contact: _____	Relationship: _____ Phone number: _____

<p>How did you learn about volunteer opportunities at <i>A Room to Heal</i> (check all that apply)?</p> <p><input type="checkbox"/> Word of mouth (through friends, family members, other volunteers)</p> <p><input type="checkbox"/> Personally asked to volunteer by <i>ARTH</i></p> <p><input type="checkbox"/> News media (Press & Sun, WBNG, etc.)</p> <p><input type="checkbox"/> Social media (Facebook, Twitter)</p> <p><input type="checkbox"/> Other (please specify): _____</p>
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<p>Why did you choose to sign up for our volunteer database, <i>Lotsa Helping Hands</i>? _____</p> <p>_____</p> <p>Have you volunteered with <i>A Room to Heal</i> (if your answer is yes, please describe the work you have done; if your answer is no, why not)? _____</p> <p>_____</p> <p>_____</p> <p>Will you continue to volunteer with <i>A Room to Heal</i> (if your answer if no, please explain)? _____</p> <p>_____</p> <p>_____</p> <p>Would you like to be removed from our volunteer database? _____</p> <p>Is there something <i>A Room to Heal</i> can improve upon? _____</p> <p>_____</p> <p>_____</p> <p>Please use this space to give us any feedback, positive or constructive: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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How would you like to be involved in *A Room to Heal* (check all that apply)?

- Room Project
- Join a committee: Room Selection, Volunteer Management, Finance, Fundraising, Governance, Technology, Design, Marketing & Promotion (please specify): _____
- Office assistance/administrative
- Special events
- Other (please specify): _____

I am available to volunteer:

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday
- Daytime – A.M. Hours Daytime – P.M. Hours Evening Hours

I would prefer:

- One-time opportunities Short-term opportunities Long-term opportunities

What skills (work experience, life experience, hobbies, education) are you interested in sharing (check all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> Office assistance/administrative | <input type="checkbox"/> Grant writing |
| <input type="checkbox"/> Interior design | <input type="checkbox"/> Finance/Bookkeeping |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Public relations/communication |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Medical (nursing) |
| <input type="checkbox"/> Experience working with youth | <input type="checkbox"/> Social work |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Nonprofit (board, program director, etc.) |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Other (please specify): _____ | |

Briefly describe your skills (ex. ADA renovations, etc): _____

Please indicate any special interests or talents as well as any personal goals or concerns in the space below: _____

Please list two references:

- 1.) Name: _____ Relationship _____
Street address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
- 2.) Name: _____ Relationship _____
Street address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

Have you ever been charged with a felony? Yes No

Please explain: _____

Due to the nature of our work, *A Room to Heal* reserves the right to conduct a background check on all individuals interested in volunteering.

Signature: _____ Date: _____

Parent or guardian (if under 18): _____

**Thank you for your interest in volunteering with *A Room to Heal*.
We will be in touch with you shortly to discuss available volunteer opportunities.**

Please print and mail to:

A Room to Heal, Inc.
Attn: Katie Blaine, Volunteer Manager
P.O. Box 503
Vestal, NY 13851-0503

Or scan and e-mail to:

Katie Blaine, kmbblaine@gmail.com
Please indicate 'ARTH Feedback Survey' in the subject line