

# Green Hills Women's Shelter

## Volunteer Interest Survey

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Where would you like to volunteer? (please check one or more)

- Trenton Shelter       Chillicothe Shelter  
 Cameron Shelter       My own county: \_\_\_\_\_  
 Other \_\_\_\_\_

Would you like to volunteer in one (or more) of the following areas on a consistent basis?

- Crisis Hotline       Client Transportation       Hospital Advocacy  
 Childcare       Shelter Yard Care       Minor Repairs to Shelter  
 Court Advocacy       Shelter Relief       In-Kind Donations  
 Donations       Cleaning of the Shelter       Cell Phone Drop-off Point  
 Clerical       Fundraising       Shelter Improvements

What special talents or skills do you have that you would be willing to share?

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What are your biggest strengths or abilities?

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If you could custom design a volunteer opportunity for yourself, which would assist women in making their lives better, what would it be?

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Would you be interested in teaching classes to increase the self-sufficiency of the women we serve? If so, please indicate below the subject matter you would feel comfortable teaching:

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|--|--|
| <input type="checkbox"/> Cooking (Basic)                 | <input type="checkbox"/> Home Management           |
| <input type="checkbox"/> Cooking (Intermediate)          | <input type="checkbox"/> Time Management           |
| <input type="checkbox"/> Sewing (Basic)                  | <input type="checkbox"/> Dressing for Success      |
| <input type="checkbox"/> Sewing (Advanced)               | <input type="checkbox"/> Bargain Shopping          |
| <input type="checkbox"/> Sewing Alterations & Repairs    | <input type="checkbox"/> Using Coupons & Rebates   |
| <input type="checkbox"/> Parenting                       | <input type="checkbox"/> Aerobics                  |
| <input type="checkbox"/> Stress Management               | <input type="checkbox"/> Fitness                   |
| <input type="checkbox"/> Budgeting                       | <input type="checkbox"/> Nutrition & Meal Planning |
| <input type="checkbox"/> Goal Setting                    | <input type="checkbox"/> Organization              |
| <input type="checkbox"/> Basic Finances                  | <input type="checkbox"/> Mentoring Unwed Mothers   |
| <input type="checkbox"/> Hair Care/Hair Styling          | <input type="checkbox"/> Make-up                   |
| <input type="checkbox"/> Rebuilding Your Life            | <input type="checkbox"/> Surviving Divorce         |
| <input type="checkbox"/> Helping Children Survive Change | <input type="checkbox"/> Emergency Preparedness    |
| <input type="checkbox"/> Basic Gardening                 | <input type="checkbox"/> Self Esteem               |
| <input type="checkbox"/> Basic Care of Infants           | <input type="checkbox"/> Literacy                  |
| <input type="checkbox"/> Infant Simulation               | <input type="checkbox"/> Volunteering              |
| <input type="checkbox"/> Computer Literacy               | <input type="checkbox"/> Crafts                    |
| <input type="checkbox"/> Family Enrichment               | <input type="checkbox"/> Other                     |

If other, please share your idea with us: \_\_\_\_\_

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Other Comments: \_\_\_\_\_

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