THE ARCHWAY
KEARNEY, NEBRASKA

Volunteer Questionnaire

Getting to Know You

First and Last Name _____

Phone _____ Cell Phone _____

Email Address _____

Address _____

Volunteer Preferences

I wish to volunteer with my spouse ☐ YES ☐ NO

Times of day I can volunteer ☐ AM ☐ LUNCH ☐ AFTERNOON/EVENING

Number of hours I prefer ☐ 2 ☐ 3 ☐ 4 Other _____

Frequency I prefer *(once a week, twice a week, the same days of the week, etc.)* _____

BEST days of the week for me: ☐ ANY ☐ SUN ☐ MON ☐ TUES ☐ WED ☐ THUR ☐ FRI ☐ SAT

VERY WORST days of the week for me: ☐ ANY ☐ SUN ☐ MON ☐ TUES ☐ WED ☐ THUR ☐ FRI ☐ SAT

Physical requirements/concerns for me: _____

_____

Areas of Interest / Hobbies to Share

Areas of possible interest:

☐ Archway Show ☐ Office Assistance ☐ School Program Assistance

☐ Trading Post (Gift Shop) ☐ Nebraska Visitors Center ☐ Maintenance/Repairs

Other _____

Other skills/hobbies I can share (please check)

☐ Writing ☐ Gardening ☐ Organization/Planning ☐ Craftsmanship ☐ Drawing ☐ Music

Other _____

Name (Printed) _____ Date _____