



P.O. Box 340622, Columbus, Ohio 43234  
614.846.9788 (Sally Baughman, Volunteer Coordinator)

**VOLUNTEER SPECIAL INTEREST FORM**

Name:

Address:

Home Phone: Work Phone:

When is the best time to reach you and at which number?

E-Mail:

How often do you check your E-Mail?

What attributes would you like to utilize as a volunteer?

What are your weak points?

What is your most favorite type activity that might relate to SOS?

What is your least favorite type of activity that might relate to SOS?

Please check your areas of interest and/or skill:

- Crafts (Make Invitations, etc.)  Yes  No
- Computer  Yes  No
- Cooking  Yes  No
- Baking  Yes  No
- Pick Up Prepared Food  Yes  No
- Deliver Prepared Food  Yes  No
- Chair an Event  Yes  No
- Work at an event  Yes  No
- When are you most available?  Days  Nights  Weekends
- Is there a time of year when you are not available? \_\_\_\_\_ If yes, specify: \_\_\_\_\_

Who is your SOS contact? (name of board member, volunteer, etc.)

**PLEASE COMPLETE THIS FORM AND RETURN AS SOON AS POSSIBLE TO THE ABOVE ADDRESS.**

Signature \_\_\_\_\_ Date \_\_\_\_\_