

SAINT FRANCIS *of* ASSISI
SERVICE DOG FOUNDATION

Volunteer Questionnaire

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Work) _____ (Home) _____

E-mail address _____

Would you prefer to be contacted at home or at work? _____ Preferred time to call _____

Please check those areas of interest to you:

- | | | |
|---|---|--|
| <input type="checkbox"/> Special Event Planning | <input type="checkbox"/> Typing | <input type="checkbox"/> Fence Painting |
| <input type="checkbox"/> Special Activities & Event Volunteer | <input type="checkbox"/> Mailings | <input type="checkbox"/> Puppy Raising |
| <input type="checkbox"/> Speaking to Clubs | <input type="checkbox"/> Telephone Work | <input type="checkbox"/> Puppy Sitting |
| <input type="checkbox"/> Marketing/Publicity | <input type="checkbox"/> Creative Writing | <input type="checkbox"/> Puppy Pantry Solicitations |
| <input type="checkbox"/> Capital Campaign Planning Committee | <input type="checkbox"/> Errands | <input type="checkbox"/> Computer Tech |
| <input type="checkbox"/> Grounds Committee | <input type="checkbox"/> Flower Planting | <input type="checkbox"/> Ornaments/Note Cards/Raffle Sales |
| <input type="checkbox"/> Other (please specify): | | |

Please indicate which of the following times are best for you to volunteer:

- Monday-Friday Saturday-Sunday Daytime Evenings

Return questionnaire to:

Volunteer Coordinator
PO Box 19538
Roanoke VA 24019