



## Prospective Volunteer Personal Survey

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

Please complete and return this form with your completed application. Please be candid with your responses. If necessary, you may attach additional comments on a separate sheet of paper.

1. Please refer to the section of the application where you ranked your hospital preference. In reference to this section, please describe your ideal volunteer experience. (With whom you would like to have interaction, type of volunteer opportunity in which you would like to participate, etc.).

2. As a volunteer, what are some of the skills/experiences that you bring to St. Vincent? (Customer service experience, computer skills, etc.)

3. When are you available to volunteer?

Please place a checkmark in the following boxes to notify us of your volunteer availability. All volunteers are required to commit to one four hour shift each week and must be on a set schedule.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How many hours per week are you willing to volunteer? \_\_\_\_\_ hours