



## Volunteer 'About Me' Questionnaire

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

Preferred Name/Nickname (if any):

How long have you been volunteering with us?

New volunteer  Less than 6 months  6 months–1 year  Over 1 year

## Getting to Know You

## 1. What inspired you to volunteer with Loudoun Volunteer Caregivers?

---

---

---

---

---

---

What types of volunteer roles are you most interested in?

- Medical Appointment transportation  Non-medical transportation
- Friendly visiting  CARE-A-VAN support  Phone check-ins
- Transportation  Care-a-van Assistant  Food Delivery
- Companionship  Household Assistance/Chores  Errands
- Office/Clerical  Events/Fundraising  Teen Volunteer

Money Management  Flexible / willing to help where needed

2. What days or times are you typically available?

Weekdays  Weekends  Mornings  Afternoons  Evenings

Additional availability info we need to know?

---

---

---

### **A Little More About You**

3. What languages do you speak? \_\_\_\_\_

4. What are a few hobbies or interests you enjoy? (Examples: reading, gardening, walking, cooking, music, pets, crafts, sports, etc.)  
\_\_\_\_\_

5. Do you have any special skills or experiences you'd like us to know about?  
\_\_\_\_\_

6. What do you enjoy most about volunteering?  
\_\_\_\_\_

### **Just for Fun!**

What's your favorite book (or one you've enjoyed recently) and what did you like most about it?  
\_\_\_\_\_

If you could instantly master any skill or talent, what would it be and why?  
\_\_\_\_\_