

HAT Volunteer Orientation Form



Name: _____

Email: _____

Phone: _____

Emergency Contact: _____

Availability (circle or highlight all that apply)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon

General Questions

- Why do you want to be a volunteer in our organization?

- Have you volunteered before? Tell me about your current and past volunteer experiences.

- What have you enjoyed most about previous volunteer positions?

- How much time are you able to volunteer?

- Do you have your own vehicle and driver's license? (Volunteers may need to transport themselves to events, however carpooling is always an option and can be arranged upon request.)

Skills

- What skills and qualifications do you have that will help you in volunteering for HAT?

- What kind of rewards do you need to stay motivated?

- How do you like to be recognized for your volunteer contributions?

Skills and Interests (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Restoration/Outdoor Events | <input type="checkbox"/> Media Article Writing/Blog Posts |
| <input type="checkbox"/> GPS Data Collection | <input type="checkbox"/> Office Management (filing, archiving) |
| <input type="checkbox"/> GIS Database Management/Analysis | <input type="checkbox"/> Phone calls to donors/members |
| <input type="checkbox"/> SAR Biological Surveys/Monitoring | <input type="checkbox"/> Working with children outdoors |
| <input type="checkbox"/> Grant Research/Writing | <input type="checkbox"/> Community Outreach Events |
| <input type="checkbox"/> Policy Research/Writing | <input type="checkbox"/> Other: _____ |