

PLEASE PRINT

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Please list all the days and hours you are available to volunteer:

<input type="checkbox"/> <b>Mon.</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> <b>Tues.</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> <b>Wed.</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> <b>Thurs.</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
<input type="checkbox"/> <b>Fri.</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> <b>Sat.</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> <b>Sun.</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	

Please write a brief description about yourself: (hobbies, interests, etc.)

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Please share with us why you want to volunteer with the HBPD:

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Please list anything you do not feel comfortable volunteering for and why:

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What volunteer roles are you most interested to participate in:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Patrol Checks                             | <input type="checkbox"/> Annual Events (i.e. Open House) | <input type="checkbox"/> School Events |
| <input type="checkbox"/> Community Events (i.e. Coffee with a Cop) | <input type="checkbox"/> Administrative Tasks            | <input type="checkbox"/> Other: _____  |
|  | <input type="checkbox"/> HBPD Tours                      |  |

VOLUNTEER INTEREST QUESTIONNAIRE

List any special skills and talents you have:

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If you use a computer, what programs are you familiar with and feel comfortable using?

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Do you have any physical limitations? For example, cannot stand for long periods of time, mobility limitations, etc.

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Is there anything else you think we should know or anything else you want to tell us?

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Return to:

Virginia Clara

2000 Main Street

P.O. Box 70

Huntington Beach, CA, 92648