



## Skills & Interest Survey

What skills & interests do you have that you would like to share with us? Please check all that apply.

### Care

Feeding	
Assisting with exercises	
Grooming (hair styling / cutting, applying make-up)	
1: 1 activities / assistance in the classroom setting	
Companionship	

### Office / Clerical

Utilization of office equipment (copy machine, paper shredder)	
Filing alphabetically / numerically	
Computer data entry	
Operating a switchboard	
Word processing of agency correspondence / business letters	
Taking telephone messages	
Mass mailings	

### Assistance with Meals

Operation of food preparation equipment	
Serving food to large numbers of people	
Preparing meals for large numbers of people	
Washing dishes for large numbers of people	
Teaching baking / cooking skills	
Clearing / setting tables for large numbers of people	

### Music / Entertainment

Playing an instrument	
Teaching others to play an instrument	
Singing	
Teaching others to sing	
Teaching dance to small / large groups	
Arts related experience (painting, photography, theatre)	
Computer skills	
Ability to teach others computer skills	
Playing games	
Knitting / Crocheting	
Sewing / Tailoring	
Reading to others	
Assisting with recreational community outings	

### Other

Cultural awareness activities	
Activities for the senior population	
Planting / caring for gardens	
Knowledge of sensory stimulation activities / equipment	
General cleaning	

Is there anything else you would like to share about yourself or your volunteer goals?

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Are there any skills that you would like to learn?

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Please describe any special activities or programs that you are interested in volunteering for (seasonal, holiday related, special events, particular location or program)?

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**My Statement: (Please read thoroughly)**

By completion of this application and signature below, I affirm that the above information is true and accurate. I authorize The Arc of Monroe County to contact my personal references for a complete account of their experience with me. I also understand that to ensure the safety and well being of all individuals served by The Arc of Monroe County, my background will be checked. In the event of placement, if I have provided false or misleading information during the application process, this may be grounds for immediate dismissal.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

If applicant is under 18 years of age:

I am aware of my child's interest in becoming a volunteer with The Arc of Monroe County and I give my full permission.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**We thank you for your time. Please return the application via facsimile, email or hard copy to:**

The Arc of Monroe County  
Jim Mroczek Center  
985 Elmwood Avenue  
Rochester, NY 14620  
(585) 672-2202 fax: (585) 672-2215

**Personal References**

Please give the names, addresses, and telephone numbers of two individuals who are sufficiently familiar with your character and that will be able to speak on your behalf as a potential volunteer with The Arc of Monroe County.

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Years of acquaintance: \_\_\_\_\_ Occupation of Reference: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Office of Volunteer Services**

Date Reference was contacted: \_\_\_\_\_ Confirmation of Information: \_\_\_\_\_

General Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference Checked by: \_\_\_\_\_ Title: \_\_\_\_\_

(Signature)

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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(Signature)