



Volunteer Questionnaire

Please take a moment to fill out this questionnaire so that we can get a better understanding of your interests. This is not an application for an ISAAC Foundation therapy grant. Grant applications may be found at <http://theisaacfoundation.org/grants/application/>

First Name		Last Name	
Phone Number		Email	
Address			
City		State	Zip
DOB		DL#	
How did you learn about ISAAC?			
Has a close friend or loved one received an ISAAC grant?			Yes No
Do you have any prior volunteer experience? (Please describe)			
Do you have any other skills or education that may help ISAAC? (Please describe)			
Volunteer Interests (check all that apply) No prior experience needed, just a willingness to learn!			

Home Volunteering

These activities are done from the comfort of your own home

	Solicit donations and fundraise for events by email, phone and in person
	Make follow up calls and emails to potential donors
	Coordinate volunteers

	Schedule and coordinate by phone, email and in person Faces of Hope exhibit locations.
	Help write and prepare post-event "thank you" letters and cards
	Write letters to community members to encourage contributions
	Coordinate procurement activities for Taste of Hope Auction
	Contact prior supporters to encourage attendance at events?
	Donate your time and transportation to pick up donations in your area

Virtual Volunteering

These activities are done from your home or office computer

	Apply for online donations for fundraising events
	Monitor local, state, and national autism news in media and social networking forums
	Manage social media sites (Facebook and Twitter)
	Monthly E-Newsletter preparation

Office Volunteering

These activities are done at The ISAAC Foundation or onsite event

	Accounting work (certified professionals only)
	Help with mailings or other clerical duties at the office
	Help at special events
	Help with computer/technical issues
	Assemble event baskets

Do you prefer to volunteer:	Monthly	Weekly	Other:
<i>List times you are available for volunteering next to day of choice:</i>			
Monday:_____ Tuesday:_____ Wednesday:_____ Thursday:_____ Friday:_____			
Weekends:_____			

<p>How do you prefer to be recognized for volunteering?</p> <p>None Personal appreciation letter Appropriate memento (T-shirt, Hat, Plaque, etc.) presented privately Public verbal recognition Publicly presented memento</p>			
<p>List any disabilities and physical limitations (allergies, etc.) that would inhibit you from doing certain tasks:</p>			
<p>In the event of an emergency, ISAAC Foundation should notify:</p>			
Name		Phone	
<p>Have you ever been convicted of a criminal offense? If yes, please explain.</p>			
<p>What are your expectations from volunteering at The ISAAC Foundation?</p>			
<p>Any other comments, questions, concerns?</p>			

Please complete and submit by e-mail to: Holly Lytle, Executive Director
holly@theisaacfoundation.org . Mailing address: P. O. Box 19202, Spokane, WA 99219.
 Tel: 509.499.1679 Fax: 509.325-1515