



VOLUNTEER QUESTIONNAIRE

Take Wing And Soar Productions, Inc.
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New York, NY 10027
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212.860.8004 NBT Office Fax

KINDLY FILL OUT THE APPLICATION BELOW FOR CONSIDERATION FOR VOLUNTEER SERVICE

Full Legal Name: _____

Address: _____

Telephone1: _____ Telephone2: _____

Email Address: _____

What is the best time to reach you? _____ Are you over 18 years old? Yes No

What is your occupation? _____

Have you ever worked as a volunteer before? If yes, where and what were your duties?

How did you find out about Take Wing And Soar Productions? _____

Have you ever worked with us before? Yes No In What capacity _____

Where would you like to be assigned? ADMINISTRATIVE CUSTOMER CARE PRODUCTION CREW

What days are you available to work? MONDAY TUESDAY WEDNESDAY THURSDAY
 FRIDAY SATURDAY SUNDAY

What hours are you available to work? _____

Do you have any prior commitments that may conflict with your work schedule? _____

What job do you prefer not to be assigned to? _____

Emergency Contact Information: (REQUIRED) _____

OFFICE USE ONLY:

Name of interviewer? _____ Where was volunteer assigned? _____

Did volunteer receive all pertinent information? Yes No

Interviewer NOTES: