P. O. Box 5111
Pasadena, TX 77508
1-866-JOYHOPE
Office: 713-944-6569
Fax: 713-944-5533
www.joyandhope.org

VOLUNTEER SERVICES

Time, Talent, & Interest Survey and Application

Title Mr.____Mrs.____Ms.____Miss____ Dr.____ Other_____

Name _____
Last First Middle

Address_____
Street or P.O. Box
City _____ Zip_____

Drivers Lic. #_____ Profession: _____

Phones: H (____) _____ WK (____) _____ Cell/Pgr (____) _____

Fax (____) _____ E-mail _____

I would like to volunteer _____hours per week OR _____hours per month

I am available on: ___Mon. ___Tues. ___Wed. ___Thurs. ___Fri. ___Sat. ___Sun.

I am available:
_____8:30 a.m – 12:30 pm _____12:30 p.m – 4:30 p.m.
_____All day special events _____Half Day events
_____Committees _____Miscellaneous

Best Time to contact you: _____

I have the following interest(s):

_____ Answer phones
_____ Prepare mail outs
_____ Fundraising
_____ Work with clients
_____ Sell greeting cards
_____ File misc. letters
_____ Proofreading
____Assist at Health Fairs
____Work concessions
____Data Entry
____Run errands
____Make phone calls
____Prepare packets
____Event set up and/or tear down