

Project Consultants For Nonprofits

*** NEW VOLUNTEER FORM ***

Rev. 6/11-N3

Please take a few minutes to tell us about yourself. PCN wants to know more about its volunteers and potential volunteers so we can draw on their skills and experience. Feel free to add comments. We look forward to learning more about you. Be sure to complete both sides of the survey form.

Date: _____

Name: _____ Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

What is the best way to contact you? _____

Are you a member of the Newark Senior Center? ___ Yes ___ No

Tell us about you skills and your interests, those you have from work, volunteering or a long-time hobby, and those you'd like to acquire through training or volunteering. Please read the whole list and respond to any categories which describe your skills.

How proficient are you? **Very** **Somewhat** **I want to learn**
(Check all that apply)

Computer skills:

- Database Creation	_____	_____	_____
- Data Entry	_____	_____	_____
- Computer Programming	_____	_____	_____
- Network Design	_____	_____	_____
- Web Site Design	_____	_____	_____
- Web Site Maintenance	_____	_____	_____
- Graphic Design	_____	_____	_____
- Desktop Publishing	_____	_____	_____
- Publication Design/Layout	_____	_____	_____

Professional:

Human Resources/Personnel	_____	_____	_____
Finance	_____	_____	_____
Accounting	_____	_____	_____
Grant Writing	_____	_____	_____
Event Planning	_____	_____	_____
Project Management	_____	_____	_____
Strategic Planning	_____	_____	_____
Marketing	_____	_____	_____
Public Relations	_____	_____	_____
Editing/Writing	_____	_____	_____
Fund Raising	_____	_____	_____
Data Analysis	_____	_____	_____
Program Evaluation	_____	_____	_____
Public Speaking	_____	_____	_____

<u>How proficient are you?</u>	<u>Very</u>	<u>Somewhat</u>	<u>I want to learn</u>
Teaching/Training/Tutoring	_____	_____	_____
Curriculum/Course Design	_____	_____	_____
Counseling	_____	_____	_____
Coaching (e.g. sports teams)	_____	_____	_____
Mentoring	_____	_____	_____
Organizational skills (specify: _____ _____	_____	_____	_____
Arts Management	_____	_____	_____
Health/Medicine	_____	_____	_____
Insurance	_____	_____	_____
Safety Disaster Planning	_____	_____	_____
Law	_____	_____	_____
Building maintenance (Carpentry, plumbing, electrical, etc.) _____	_____	_____	_____
Home Repair	_____	_____	_____

This is by no means an exhaustive list. Please list other skills or experience that you have or would like to acquire. This can be anything from speech writing to experience working with special populations. Specify as many as you like.

If you qualify for any professional certifications or licenses, please list them and note if they are active or inactive.

Thank you for completing this survey.
Please return it to the Reception Desk at NSC, or mail to:

Project Consultants for Nonprofits
Attn: Jessica Feinberg
c/o Newark Senior Center
200 White Chapel Dr.
Newark, DE 19713