



AstraZeneca Hope Lodge

Volunteer Preference Questionnaire

Name: _____

Phone Number: (home, cell): _____

E-Mail Address: _____

Preferred Method of Contact (circle one): Phone E-Mail

Date of Birth (MM/DD/YY)*: _____

*You must be 18 years of age or older to volunteer at the Hope Lodge

Briefly explain why you would like to volunteer:

My availability is: M Tu W Th F S Su

Time of Day that best suites me: Mornings Afternoons Evenings Varies

Please circle any/ all of the following activities that appeal to you:

Front Desk Laundry Special Skills: (i.e. knitting, etc):
Housekeeping Meals for Guests _____
Turn over Service Planning Activities _____
Volunteer Driver

Language Skills: (Please check only if you are fluent. We may request help confirming stays with guests whose primary language is not English).

- Spanish
- French
- German

Person to notify in case of emergency: _____

Phone Number: _____

Please list one professional reference: _____

Phone Number: _____