



## Intern/Volunteer Questionnaire

*Pathways for Change, Inc* requires specific commitments of each intern and volunteer. Every role within the agency has different requirements. Please see Quiana Langley-Carr for more details and information.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are you over 18 years of age? **Y/N** Do you have transportation? **Y/N**

What is your educational background?

High School: \_\_\_\_\_ did you graduate? **Y/N**

College/University: \_\_\_\_\_ did you graduate? **Y/N**

Graduate School: \_\_\_\_\_ did you graduate? **Y/N**

1. Why would you like to volunteer with *Pathways for Change*?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2a. Have you ever volunteered with *Pathways for Change* before? **Y/N**

b. If so, when? What were your responsibilities?

\_\_\_\_\_  
\_\_\_\_\_

c. What made you discontinue volunteering with us at that time?

\_\_\_\_\_  
\_\_\_\_\_

3. How did you hear about our agency and/or our volunteer opportunities?

\_\_\_\_\_  
\_\_\_\_\_

4. Please list past community involvement and volunteer work.

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5. How would you describe yourself?

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6. How do you think *Pathways for Change* could best help you?

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7. Many of our volunteers at *Pathways for Change* are survivors of sexual assault, and have been through their own journey of healing. If this has been your experience, are you comfortable talking with the screener about this? Y/N

*\* If you are comfortable sharing something about your healing process in relation to wanting to volunteer, please use this form or speak to the screener.*

8. Our agency defines confidentiality as keeping all personal information within the agency walls and staff to ensure privacy for our clients. How would you work to maintain confidentiality at *Pathways for Change*?

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9. Below are descriptions of major areas/departments that are in need of assistance at this time. Please select any and all that you would like to join. If there is an area that you would like to assist with and do not see it listed, please write it in below.

**45<sup>th</sup> Anniversary Planning Committee**

-Marketing/PR

-Finance

-History/Research

\_\_\_ YES, I am interested in working with this department

\_\_\_ NO, I am not interested in working with this department

**Data Administration**

\_\_\_ YES, I am interested in working with this department

\_\_\_ NO, I am not interested in working with this department

**Outreach/Events**

\_\_\_ YES, I am interested in working with this department

\_\_\_ NO, I am not interested in working with this department

**Other:**

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10. Please provide us with THREE **professional references** (non-family & non-friends).

Full Name:	Relationship to You:	Phone Number:

All of the above information that I have shared is truthful and accurate to the best of my knowledge. I understand that if the information I have provided is falsified, my volunteer application may not be accepted and my involvement with *Pathways for Change, Inc.* may be terminated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This agency does not discriminate on the basis of race, ethnicity, gender, age, economic status, religion, sexual orientation or abilities in admission, access to, or operations of its programs, services, or activities or in its hiring or employment practices of either paid staff or volunteers.**