



Volunteer Survey

Member's Full Name: _____

Parent/Guardian Name: _____

Home Phone: _____

Email: _____

Volunteer Experience:

- | | |
|---|--|
| <input type="checkbox"/> Community Agency | <input type="checkbox"/> School |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Board / Committee |
| <input type="checkbox"/> Other _____ | |

Tell us about your skills that you would like to share with CYCS:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Musician | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Public speaking | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Photography | <input type="checkbox"/> E-Mail Communication | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Web Design | <input type="checkbox"/> Eng-Chinese Translation | <input type="checkbox"/> Organizing Events |
| <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Writing/ Editing | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Videotaping | <input type="checkbox"/> Photo-Editing | <input type="checkbox"/> Stage Management |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Event Decoration | <input type="checkbox"/> Music Software |
| <input type="checkbox"/> Law | <input type="checkbox"/> Others _____ | |

Thank you for your support!