

# Sertoma Speech and Hearing Foundation Volunteer Questionnaire

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

How long have you been volunteering? For who?

\_\_\_\_\_

Short Bio (Family, Career, Etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Why do you want to be a volunteer for Sertoma?

\_\_\_\_\_

\_\_\_\_\_

What do you enjoy most about volunteering?

\_\_\_\_\_

\_\_\_\_\_

Why do you think what Sertoma does is important?

\_\_\_\_\_

\_\_\_\_\_

Upon completion of this form, fax to 727-807-6172, email to [debra@familyhearinghelp.org](mailto:debra@familyhearinghelp.org), or mail to Sertoma Speech and Hearing Foundation, 6333 River Road, New Port Richey, FL 34652.

Call 727-312-3881 with questions