

MOTHER BABY FOUNDATION VOLUNTEER QUESTIONNAIRE

NAME:	DATE:
EMAIL:	How did you find us?
ADDRESS:	Best time & way to contact you:
PHONE:	Your Children - Names & Ages:
CELL:	

Please share your skills, talents and experiences with us so we will know, specifically, how you can help.

Professional Field:	Are you willing to volunteer in this area, if so how?
Other Valuable Experiences:	
Certifications & Skills (please list expirations): ex. Lactation Consultant, IBCLC	
Are you available for monthly Saturday morning meetings? Yes No Occasionally	
How often are you available to help? Weekly Monthly Quarterly	
<p>Specific areas that we need help with are listed. Please check the ones you are interested in and any details, ideas or connections you may have.</p> <p> <input type="checkbox"/> Fundraising <input type="checkbox"/> Marketing Programs <input type="checkbox"/> Grant Writing <input type="checkbox"/> Speaking to Groups about MBF <input type="checkbox"/> Physical Donations <input type="checkbox"/> Website Construction <input type="checkbox"/> Various Computer Skills – Graphic Design <input type="checkbox"/> Hospitality – Baking, Cooking, Serving </p> <hr style="border: 0.5px solid black;"/>	
<p>I prefer to help behind the scenes <i>or</i> in the limelight. I would like to serve as an assistant <i>or</i> as a leader.</p> <p>I believe that I can help MBF by...</p> <p>My goal for volunteering with MBF is...</p>	
<p>Please make note that we are continually looking for the following donations.</p> <p style="text-align: center;">Cash Gently Used Baby Items Building/Permanent Location</p>	

Please complete and return this form. You will receive an email confirmation of receipt.

e-mail: info@motherbabyfoundation.org
<http://www.motherbabyfoundation.org>

Mother Baby Foundation
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