

**MEN OF VISION, INC.
VOLUNTEER/ADVOCATE
QUESTIONNAIRE AND APPLICATION**

PLEASE PRINT

Last Name: _____ First Name: _____

Middle Initial: _____ Name Title: _____

Occupation: _____ Email address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Dear Applicant:

We are very delighted to have you apply to become a volunteer/advocate on the Men of Vision Team. In determining our selection, we would like to know a few things about you. Please take the time to complete our questionnaire wherein we can review some specific qualities we are seeking in Volunteer/ Advocate.

Briefly (75 words or less) please explain why you wish to serve as a volunteer/advocate with MOV Inc. [Please attach your resume and/or bibliography if available.]

What are at least three or more skill sets you have that may be helpful in serving as a volunteer/advocate?

<input type="checkbox"/> Writing & Communication	<input type="checkbox"/> Artistic	<input type="checkbox"/> Technical
<input type="checkbox"/> Public Relations	<input type="checkbox"/> Financial	<input type="checkbox"/> Computers & Electronics
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Financial Planning	<input type="checkbox"/> Grant Writing
<input type="checkbox"/> Community Organizing	<input type="checkbox"/> Legal	Other Skills _____

How much free and available time in hours do you have to commit to serving as a volunteer/advocate?

Weekly: _____ Monthly: _____

Are you willing to make a yearly financial commitment of at least \$100? Yes _____ No _____

Are you willing to attend all scheduled monthly Meetings? Yes _____ No _____

Are you willing to participate in other Voluntary and Extracurricular Activities that may require some traveling? Yes _____ No _____

Signature of Board Applicant

Date