

**Child & Family Services of the Upper Peninsula
Volunteer Questionnaire**

*We ask these questions in order to ensure you find the best fit possible during your time
volunteering with us.*

*Once completed, please fax this form to (906) 228-2153 or turn in to 706 Chippewa Square,
Suite 200, Marquette MI 49855. Thanks in advance for your help!*

First Name: _____ M.I.: _____ Last Name: _____

Address: _____

Telephone Number: _____ Email _____

Would you allow CFSUP to perform a background check? *Circle one:* YES NO

What are your interests, when it comes to volunteering: _____

In what areas would you be interested in helping? Please check one or more of the following:

Marketing/Public Relations/Communications: _____ Grant Writing: _____ Networking: _____

Helping at Events: _____ Graphic Design: _____ Donating Services: _____ Face-Painting: _____

Gifts-In-Kind (Donating Items): _____ Research: _____ Writing: _____ Office work: _____

Event Planning: _____ Financial advice: _____ Prospective Donor Research: _____

Please provide us with a bit more information about your volunteering background:
