JAMES A HALEY VETERANS' HOSPITAL VOLUNTEER INTEREST QUESTIONNAIRE

Thank you for inquiring about volunteer opportunities at James A. Haley Veterans' Hospital. Please take a few minutes to complete our Volunteer Interest Questionnaire. You will be matched with a position that compliments your interests, skills and availability. This form is designed for those 18 years of age or older.

Last Name **First Name** **Telephone Number**

Email address

AVAILABILITY

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning	☐	☐	☐	☐	☐	☐	☐
Afternoon	☐	☐	☐	☐	☐	☐	☐
Evening	☐	☐	☐	☐	☐	☐	☐

Are you interested in becoming a ☐ **regular volunteer** with a minimum commitment of 100 hours over 6 months, an ☐ **occasional volunteer** doing periodic volunteering or an ☐ **episodic volunteer** available once?

What attracts you to the James A. Haley volunteer program?

SKILLSET:

Please briefly tell us about your skills:

What type of assignment are you interested in?
Please click the box to review options.

Desired Activitiy

Activity Level

Where are you interested in Volunteering?

Hospitals

☐ James A. Haley, Main Hospital

Community Based Clinics

☐ Brooksville CBOC
☐ Hidden River, PCA
☐ Lakeland CBOC
☐ Lecanto CBOC
☐ New Port Richey OPC
☐ South Hillsborough CBOC
☐ Zephyrhills CBOC

Veterans Centers/ Cemetery

☐ VetCenter, Tampa
☐ VetCenter, Lakeland
☐ Vet Center, Pasco Florida
☐ National Cemetery

NOTE: The youth application process begins at the end of January of each year, please check www.tampa.va/giving for updates.

For more information, contact 813-972-7533 | www.tampa.va.gov/giving | vhatamvoluntaryservice@va.gov