



# Volunteer Interest Questionnaire

Thank you for inquiring about volunteer opportunities at the Boston Healthcare System VA Medical Center. Please take a few minutes to complete our Volunteer Interest Questionnaire. You will be contacted by a staff member in the Department of Voluntary Service, only if there is a position that matches your interests, skills and availability.

### Brockton Campus

940 Belmont Street Brockton, MA. 02301

PH: 774 826 3135

Fax: 774 826 2048

### West Roxbury Campus

1400 VFW Parkway West Roxbury, MA. 02132

PH: 857 203 5135

Fax: 857 203 5727

### Jamaica Plain Campus

150 S Huntington Ave Jamaica Plain, MA.02130

PH: 857 364 2443

Fax: 857 364 4482

\*Required fields (please print) Submit via mail or submit via email

\*Please select your Boston Campus of Choice: **Brockton**  **West Roxbury**  **Jamaica Plain**

\*Date: \_\_\_\_\_

\*Name: \_\_\_\_\_ \*DOB: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City, State: \_\_\_\_\_

\*Primary Phone Number: \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_

\*Are you at least 18 years of age?  Yes  No (If no, ask about our [Teen Volunteer Program](#))

Please indicate your availability for the following shifts:

- \*Select all that apply  Weekday mornings  1-2 Days a Week  
 Weekday afternoons  3-4 Days a Week  
 Occasional Volunteer on weeknights or weekends  5 Days a Week

\*Are you currently a college student?  Yes  No

\*Are you fulfilling a school requirement?  Yes  No (If yes, please explain.)

\*Please select your employment status?

- Full-time  Part-time  Retired  Unemployed

\*Are you a Veteran?  Yes  No

\*Are you currently participating in or on the waiting list for CWT program?  Yes  No

\*What type of volunteer position interests you?

- Direct Patient Contact  
 Limited Patient Contact  
 No Patient Contact

\*Are you available to commit to volunteering for a minimum of six months?  Yes  No

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## Volunteer Interest Questionnaire

**\*What attracts you to the Boston VAMC Volunteer program?**

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**\*Are your commitments long term or short term volunteering?**

Short-term goals: \_\_\_\_\_

Long-term goals: \_\_\_\_\_

**Is there a type of volunteer position that interests you?**  Yes  No (If yes, please explain.)

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

For Office Use Only

**Comments:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_

**Approved:**  Yes  No

**Orientation Date:** \_\_\_\_\_