

Volunteer Profile Form

We greatly appreciate the time and effort that each volunteer contributes to the AARP Driver Safety Program. One of our goals is to create a positive environment, based on teamwork, where each volunteer feels recognized and important. Would you help us out by answering a few questions? Please keep in mind that this is not a test and there are no "right" answers. Rather it's our way to get to know each volunteer a little better. Send the completed form to your immediate supervisor.

Your name: _____ Date: _____

Volunteer ID: _____ State of Service: _____

Supervisor's Name: _____

What's your favorite color? _____

What snack food do you prefer? _____

What's your favorite restaurant? _____

What do you enjoy doing in your spare time? _____

Do you have a hobby? _____

If you were to receive an award from DSP, who would you want to know about your accomplishment (significant other, family, etc.) _____

What types of recognition are meaningful to you? _____

Check one: I love the limelight I prefer to be backstage A little of both

Do you prefer to work independently or as part of a group? _____

How did you first hear about DSP? _____

What motivated you to volunteer? _____

Roughly, how much time per month are you interested in participating in the program _____

Are there periods of time that you know you will be unavailable? Please list: _____

What would you like to be able to say about your DSP experience at the end of the year? _____

Anything else you'd like us to know about you? _____