

STAND DOWN 2009

Volunteer Questionnaire

NAME: _____ / _____
(Last Name) (First Name)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: Home: _____ **Work:** _____

SERVICE/AGENCY: _____

OCCUPATION: _____

STAND DOWN TASK(S) PREVIOUSLY PERFORMED: _____

HINES or JESSE BROWN VA Employees Do You Plan to Take VA Shuttle to Location: _____ **Yes** Or _____ **No**

TIMES I EXPECT TO BE AVAILABLE TO WORK ARE AS FOLLOWS:

THURSDAY (Set-Up) YES _____ **NO** _____

6:00 – 9:00 p.m. _____

FRIDAY YES _____ **NO** _____

SATURDAY YES _____ **NO** _____

7:00 a.m. – 4 p.m. _____

8:00 a.m. – 4:30 p.m. _____

3:00 p.m. – 11:00 p.m. _____

OTHER (Specify) _____

(OVER)

The task(s) that I am willing to perform is/are as follows (check as applicable):

THURSDAY:

Unloading, setting up tables & chairs, etc. _____

FRIDAY & Saturday:

Distribute Clothes _____

Food Service _____

Barber _____

Maintenance/Sanitation _____

Command Tent (Information & Volunteer Registration) _____

Storage/Distribution of Personal Belongings _____

Group Leader _____

Check In Coordinator:

Barber _____

Dental _____

Eyeglasses _____

Veteran Registration _____

Counseling/Resources _____

Medical Care/Triage _____

Security _____

Dismantling Site (After 5 p.m.) (Clean-up, Packing & Loading Trucks, etc.) _____

Other (Specify) _____

SUPERVISOR'S SIGNATURE _____

EMPLOYEE'S SIGNATURE: _____

RETURN QUESTIONNAIRE TO:

Trent Ward

Jesse Brown VA Medical Center

Voluntary Service (135)

820 S. Damen Avenue

Chicago, IL 60612

FAX: (312) 569-6287 or E-mail: Trent.Ward@va.gov