

## **VOLUNTEER PRE-INTERVIEW**

Prior to your in-person interview, we would like you to answer the questions below. Parents of youth in our programs will often ask us questions about someone with whom their child will be matched. The information you give will also help us make a better match for you and assure we can support you during your involvement with our programs.

| Your Name:              |   |   | Date:   |  |  |
|-------------------------|---|---|---|--|--|
| 1. Which do you enjo    | oy more?  |   |   |  |  |
| □ Indoor A              | ctivities   | ☐ Outdoor Activities  | ☐ Indoor and Outdoor                          |  |  |
| 2. Would you describ    | be yourself as a per  | rson who enjoys:  |   |  |  |
| ☐ Participating in grou | p sports □ Participa  | ating in individual sports   Particip                                   | pating in individual and group sports         |  |  |
| ☐ Watching not parti    | icipating in sports   |   |   |  |  |
| 3. Do you have any g    | guns or ammunitio   | n in your house?  |   |  |  |
| □ No                    | ☐ Yes (If yes, we will discuss what safety precautions are necessary)                       |   |   |  |  |
|                         | How and where are the guns stored:  |   |   |  |  |
|                         |   |   |   |  |  |
| 4. Would you be able    | e to secure or other  | wise make unavailable any youth   | inappropriate viewing materials in your home? |  |  |
| This would include to   | elevision channels  | and Internet access?  |   |  |  |
| □ Yes                   | $\square$ No (If not, we will have you discuss during the in-person interview)              |   |   |  |  |
| 5. Do you have any p    | ets?  |   |   |  |  |
| □ No                    | ☐ Yes (If yes, we will discuss with you what safety precautions are necessary around youth) |   |   |  |  |
| 6. Are you experienci   | ing any physical or   | mental health problems?   |   |  |  |
| □ No                    | ☐ Yes (If ve  | ☐ Yes (If yes, we will have you discuss during the in-person interview) |   |  |  |

| 7. Are you taking any prescription drugs that would affect your ability to drive? |  |  |  |  |  |
|---|--|--|--|--|--|
| □ No  | □ Yes  |  |  |  |  |
|   | If yes, please explain:  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| -   | een arrested, charged, or convicted of a crime? As a potential volunteer with children, a  |  |  |  |  |
| background check  | will list juvenile charges, arrests and dismissed charges. Please include pending charges. |  |  |  |  |
| □ No  | □ Yes  |  |  |  |  |
|   | If yes, please explain and give dates of offenses:   |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   | I to volunteer as part of community service? If yes, please explain:                       |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| Have you had any di   | riving citations and/or moving violations in the past 5 years?                             |  |  |  |  |
| □ No □  | Yes  |  |  |  |  |
| If  | yes, please explain:   |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| 10. How long have   | you lived in the area?   |  |  |  |  |
| 11. Do you anticipa   | te any significant life changes over the next year or have you had any in the past year?   |  |  |  |  |
| □ No  | ☐ Yes (If yes, we will have you discuss during the in-person interview)                    |  |  |  |  |
| Explain:  |  |  |  |  |  |

| 12. Do you speak any foreign languages?   Yes (Fluent?)                       | □ No   |
|---|--|
| 13. Before we continue with some additional questions about your per          | rsonal background and life, is there anything else you'd |
| like to tell us about yourself or any questions you may have of me?           |  |
|   |  |
|   |  |
| 14. Do you have a Social Networking Site (Facebook, My Space, ect. ☐ No ☐ Yes | )  |
| If yes, please list which sites:  |  |
| 15. Have you been a member of the military (includes National Guarservice:    |  |
| Signature   | Date   |