



# Volunteer Questionnaire

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

eMail: \_\_\_\_\_ Website: \_\_\_\_\_

Prior Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is Needed for all who are coming on Board!!:

Please list three (3) references (Name and Phone number) We Must Have These To Proceed!

1: Name: \_\_\_\_\_ 1: Phone: \_\_\_\_\_

2: Name: \_\_\_\_\_ 2: Phone: \_\_\_\_\_

3: Name: \_\_\_\_\_ 3: Phone: \_\_\_\_\_

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

Please mail to: Hunt Of A Lifetime Foundation, INC  
P.O. Box 241  
Harborcreek, Pa 16421