



Gloucester Education Foundation – Community Volunteer Data Form

Attach a separate sheet if necessary to provide complete answers.

Name: _____

Home Address: _____

Home Phone: _____ **Home FAX:** _____

Home E-Mail: _____

Business or Profession: _____

Title: _____

Business Address: _____

Business Phone: _____ **Business FAX:** _____

Business E-Mail: _____

Where do you prefer to be contacted? at home? ___ at business? ___ either? ___

(special instructions about communicating with me)

Professional or Business Background & Corporate or Foundation Affiliations:

Tell us about your areas of expertise (Please check ALL that apply)

Administration / Mgmt.	<input type="checkbox"/>	Fund-raising	<input type="checkbox"/>	Strategic planning	<input type="checkbox"/>	Technology	<input type="checkbox"/>
Entrepreneurship	<input type="checkbox"/>	Government	<input type="checkbox"/>	Engineering	<input type="checkbox"/>	Nonprofits	<input type="checkbox"/>
Financial Mgmt.	<input type="checkbox"/>	Law	<input type="checkbox"/>	Physical Plant	<input type="checkbox"/>	Social sciences	<input type="checkbox"/>
Accounting	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Real Estate	<input type="checkbox"/>	The arts	<input type="checkbox"/>
Banking & trusts	<input type="checkbox"/>	Public relations	<input type="checkbox"/>	Technology & Science	<input type="checkbox"/>	Special Ed./ Disability issues	<input type="checkbox"/>
Investments	<input type="checkbox"/>	Human resources	<input type="checkbox"/>	Education	<input type="checkbox"/>	Hospitality/retail	<input type="checkbox"/>

Birthplace (City, State): _____ Age Range: Under 40 ___ Over 40 ___

Volunteer Activity and Service on Other Nonprofit Boards:

Activity _____ # Years: _____

Activity _____ # Years: _____

Activity _____ # Years: _____

Activity _____ # Years: _____

Community Connections (Please Check ALL that Apply)

Media		Political		Philanthropy		Business		Community Volunteer	
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Civic & Professional Affiliations & Awards:

Education (school/year, degrees): _____

Do you attend a house of worship regularly? (name/city): _____

Any other information that you would like to add?

Tell us about your personal style and interpersonal skills (Please Check ALL that Apply)

Leadership		Overcomes Adversity	
Generalist		Thinks outside the Box	
Detailed		Problem Solver	
Strategist / Strategic Thinker		Advocate	
Tactical Thinker		Visionary	
Connector and Bridge Builder		Planner	
Challenges the Assumptions		Social organizer	
Copes with Risk Taking		Project Manager	

Please indicate areas where you would be interested in assisting GEF

Standing Committees (regularly-scheduled meetings, ongoing)

Donor stewardship and analysis

Special events

Corporate involvement

Marketing/communications

Alumni relations

Parent engagement

Nominating

Community Engagement

Programs

Task Forces/Specific Tasks (short-term or occasional commitment)

Thank-a-Thons (calls to donors to thank for gifts)

Advocacy

Benchmarking/data collection

Planned giving

Honor a Teacher program

Alumni database

Assisting with mailings

Assisting with occasional events

OTHER: