

The Gathering Together Volunteer of the Month Questionnaire

Please print out and complete this form and return to:
The Gathering Together at 147 N. Center St. Plainfield, IN 46168

Your Name: _____ Date: _____

1. How long have you been a TGT volunteer?

2. What first attracted you to The Gathering Together?

3. What keeps you coming back?

4. Describe your favorite or most meaningful experience at The Gathering Together.

5. What do you enjoy most about coming to The Gathering Together?

6. What background or life experience has best prepared you for your volunteer activities at The Gathering Together?

7. What would you say to anyone thinking of volunteering at The Gathering Together?
