



HIDE-A-WAY  
HOLLOW

# Volunteer Information Questionnaire

15400 Bundysburg Road

Middlefield Ohio 44062

1-440-632-1950

santa@santashideawayhollow.net

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

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

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

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

Cell: \_\_\_\_\_



## SPECIAL TALENTS

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## WHY DO YOU WANT TO BE AN ELF?

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Do You Believe in Santa Claus? \_\_\_\_ Yes \_\_\_\_ No

Do You Know the Name of the Reindeer? 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_



What is Santa's Favorite Color? \_\_\_\_\_

What is Santa's Favorite Cookie? \_\_\_\_\_

What is Santa's Favorite Song? \_\_\_\_\_

Do You Know How Many Days Until Christmas? \_\_\_\_\_

Do You Like Wrapping Presents? \_\_\_\_ Yes \_\_\_\_ No

Do You Speak a Second Language? \_\_\_\_ Yes \_\_\_\_ No

Do You Know Sign Language? \_\_\_\_ Yes \_\_\_\_ No

Do You Sing? \_\_\_\_ Yes \_\_\_\_ No

Do You Play an Instrument? \_\_\_\_ Yes \_\_\_\_ No

Do You Bake Chocolate Chip Cookies? \_\_\_\_ Yes \_\_\_\_ No

Do You have Medical Training? \_\_\_\_ Yes \_\_\_\_ No

Do You Know CPR? \_\_\_\_ Yes \_\_\_\_ No

Do You have a CDL License \_\_\_\_ Yes \_\_\_\_ No

Do You Like to Fish? \_\_\_\_ Yes \_\_\_\_ No

Do You Like to Work Around Horses? \_\_\_\_ Yes \_\_\_\_ No

**SANTA'S HIDE-A-WAY HOLLOW** works with families who have terminally ill children. It is very difficult to see another person suffer. It is never our intent to make a child's visit with Santa uncomfortable for our families or our volunteers. It is recommended by the hospitals we work with, that no volunteer under the age of 15 be allowed direct contact with a sick child. However, there are many other opportunities to be involved in supporting roles.

**Is there anything else you'd like to share with us?**

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