



Día de la Mujer Latina.
www.diadelamujerlatina.org

Día de la Mujer Latina, Inc.
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VOLUNTEER SURVEY (Día de la Mujer Latina Health Fiesta)

Name of Volunteer: _____ Date: _____

Address (Street) _____

City, State Zip _____

Telephone (____) _____ - _____

Fax (____) _____ - _____

E-mail address _____

Which services did you provide/or duty station: (check those that apply)

Service

Clinical Breast Exam _____

Mammogram _____

Pap smear _____

HIV C&T _____

Dental Screening _____

Chiropractic _____

Pregnancy Test _____

Blood Sugar _____

Blood Pressure _____

Weight _____

Developmental screening _____

Immunization _____

Prostate Cancer Screening _____

Please specify : _____)

Registration _____

Volunteers _____

Exhibit Hall _____

Pls help us to improve the event next year by using the SWOT Analysis below:

Strengths: _____

Weaknesses: _____

Opportunities: _____

Threats: _____

*Feel free to attach additional sheet

Would you be willing to **help in the planning** of next year's event? Yes/No

Pls chose from the following activities: Volunteer ___; Marketing ___; Provider Recruitment ___

Fundraising ___; Computer Entry ___; Pre-Registration ___; Registration ___; Exhibit Hall ___; Other ___(indicate)

Thanks for completing this survey! Please return this survey to
diadelamujerlatina@gmail.com