Request for Volunteer Assistance

Requested by:

Program/Site/Department: ____________________________
Address ____________________________ Phone __________ Ext. __________
Contact/Supervisor: ____________________________ Email: ____________________________
Date of Request: ____________________________ Date Filled: ____________________________

Request Details:

1. Description of Project: __________________________________________________________
   Short term? ____ One time? ____ Ongoing? ____ Training description __________________
   Date(s)/schedule: ____________________________ If ongoing, days/times: ____________________________
   # Volunteers Needed ______ Location of Project: ____________________________

2. Physical skills needed: Sitting down _____ standing_____ for long periods _____
   lifting (# of pounds? ______) repetitive motion(describe) ____________________________
   speaking ____ hearing ____ Other: __________________________________________________

3. Other skills needed: clerical _____ food prep _____ social/interpersonal ______
   Other: __________ Describe: ___________________________________________________________

For Office use only

Date: __________ Volunteer Contacted: __________ Outcome: __________ Comments: __________

If Declined or unfilled: Reason: ____________________________
Organization/department notified on: __________ Supervisor: ____________________________
Staff Initials: __________