REQUEST FOR VOLUNTEER ASSISTANCE

Organization Name: __________________________________________________________

Mailing address: _____________________________________________________________

E-mail: ________________________________________________________________

Work phone: ___________________ Cell phone: ____________________________

Supervisor’s Name: _________________________________________________________

Note: The supervisor will be responsible for providing the volunteer with training (as needed), materials and instruction. The supervisor will provide volunteer/s with information on who to contact if questions arise during the assignment. The volunteer supervisor will submit volunteer timesheets to The Volunteer Center by the 5th of each month.

Volunteer Position Needed: ____________________________

Volunteer Duties: (use back for additional details)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Qualifications, experience, education and physical requirements for position:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Minimum Age: _____________

Days and dates volunteer/s needed: _________________________________________

Time volunteer/s needed (shifts): ____________________________________________

Number of volunteer/s needed per work shift: _________________________________

Where should volunteer/s report to when arriving for work? ________________

www.hutchcc.edu/volunteer