



815 N. Walnut
Hutchinson, KS 67501
Phone 620-665-4960
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volunteercenter@hutchcc.edu

REQUEST FOR VOLUNTEER ASSISTANCE

Organization Name: _____

Mailing Address: _____

E-mail: _____

Work Phone: _____ Cell Phone: _____

Volunteer Supervisor's Name: _____

Note: The volunteer supervisor will be responsible for providing the volunteer(s) with training, materials and instruction. The volunteer 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:

Volunteer Qualifications (experience, education, physical requirements, etc.):

Volunteer Minimum Age: _____

Dates and Times Volunteers Needed: _____

Number of Volunteers Needed (per shift): _____

Volunteers Report To (location and person): _____