Request for Volunteers

(Complete one form for each job description.)

Request # _____ Today's Date:_____ Start Date:_____ End Date:_____

Title of Volunteer Position: _____

Agency Name: _____ Agency Contact: _____

Agency Address: _____ Phone: _____ Ext:_____

Duties: _____

_____

Volunteers must be physically able to:_____

Number Needed: _____ Dates/Hrs Needed:_____

For this position, volunteers must be at least ____ years of age.

Skills Needed (If computerized, select from skills listed on Disaster Volunteer Registration Form)

Job Skill #	Description		Job Skill #	Description

Follow-up Contacts with Requesting Agency / Clarification of Need

Date	Comments

Volunteers Referred

Name	Date	Name	Date

Request closed on ____/____/____ Completed ☐ No placements possible ☐ No longer needed ☐

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