

**Sample – Use or
adapt for your
organization's
needs**

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: _____