



Department Volunteer Request

Today's Date _____

Department: _____

Volunteer reports to: _____

Date(s) Volunteer Requested to work: _____

Overview of position: _____

Specific Tasks:

1. _____
2. _____
3. _____
4. _____
5. _____

Is this a _____ single or a _____ reoccurring task?

If reoccurring: How often is volunteer needed?

____ Daily

____ Weekly

____ Monthly

____ Other _____

Time required for task _____ Hours _____ Days _____ Weeks _____ Months

Skills Required: _____

Other information: _____

Email completed form to:

kim.avera@kidscentralinc.org and requesting department supervisor

All volunteers are required to check in and out daily in the Resource Center.

The department individual to whom the volunteer reports is responsible for the direct supervision of the volunteer during the assignment.