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Instructions Mail/Fax completed form to office Request is active for 3 months One form needed for each position	Office Use Only Workstation Category _____ Job Code(s) _____
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VOLUNTEER JOB OPPORTUNITY

DATE: _____ REQUEST #: _____

ORGANIZATION/ (DEPT): _____

LOCATION: _____ HANDICAP ACCESSIBLE: _____

CONTACT PERSON: _____ NUMBER OF VOLUNTEERS NEEDED: _____

TELEPHONE #: _____ EMAIL ADDRESS: _____

TITLE:

PURPOSE:

QUALIFICATIONS:

TIME COMMITMENT	Standardized Hours	Flexible hours	Time Limited Project
START DATE			
END DATE or ONGOING			

DESCRIPTION OF ACTIVITIES

TRAINING THAT WILL BE GIVEN:

BENEFITS/COSTS TO VOLUNTEERS:

