



Volunteer Station Request Application

Use the back of this application for multiple job requests

Date: _____

Agency Information

Agency Name _____ Agency Director/Mgr. _____
 Address _____ City _____ Zip _____
 Staff in charge of volunteers _____ E-mail: _____
 Phone No. (____) _____ Agency Website _____

Type of Agency (please mark below)

Public Non-Profit Private Non-Profit Proprietary Health Care Governmental Faith-Based

Does your agency participate in any of the following?

- . . . legal aid or elder justice initiatives? Yes No
- . . . STEM-type programs (Science, Technology, Engineering, Math)? Yes No
- . . . prescription drug/opioid abuse prevention initiatives? Yes No
- . . . addressing COVID-19 prevention? Yes No

Perks

Some agencies provide additional benefits to show their appreciation for volunteers' service. Please mark all benefits (if any) your agency provides.

Recognition event Free Parking Lunch Discounts Other (please explain) _____
 OR None

Volunteer Assignment

Volunteer Job Title _____ Volunteers Needed # _____

Skills/Qualifications Required _____

Will your agency provide training? _____

Job Responsibilities _____

Days Needed _____ Hours _____

<p>RSVP Office Use Entered in database _____ Welcome Letter Sent _____ Site Visit Scheduled for _____</p>



Additional Volunteer Requests

Volunteer Assignment

Volunteer Job Title _____ Volunteers Needed # _____

Skills/Qualifications Required _____

Will your agency provide training? _____

Job Responsibilities _____

Days Needed _____ Hours _____

Volunteer Assignment

Volunteer Job Title _____ Volunteers Needed # _____

Skills/Qualifications Required _____

Will your agency provide training? _____

Job Responsibilities _____

Days Needed _____ Hours _____

Volunteer Assignment

Volunteer Job Title _____ Volunteers Needed # _____

Skills/Qualifications Required _____

Will your agency provide training? _____

Job Responsibilities _____

Days Needed _____ Hours _____