Request for Volunteers from United Way Volunteer Program

(Complete one form for each job description.)

Today's Date: _____

Start Date: _____ Start Time:_____

End Date: _____ End Time:_____

Opportunity Name: _____

Agency Name: _____

Opportunity Contact: _____

Opportunity Contact Email: _____

Opportunity Contact Phone: _____

Address of the opportunity: _____

Description (Skills/Tools/Supplies needed, Special Security ie background checks:

_____
_____
_____

Max Volunteers: _____ Min Volunteers:_____

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

Opportunity End Date (Date removed from UWB website):_____

Approval: _____ Date: _____ Text

Keith Heinly, Senior Manager
United Way of Brevard

* Please submit this form a minimum of four weeks prior to volunteer event to ensure that there is ample time to complete the volunteer assignment process.

Complete this form online. Save and print & mail to: **United Way of Brevard**
937 Dixon Blvd., Cocoa, FL 32922 OR eMail as an attachment to
kheinly@uwbrevard.org NBCHS