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 Director:_____

Opportunity Contact: _____

Opportunity Contact Email: _____

Opportunity Contact Phone: _____

Address of the opportunity: _____

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

_____
_____
_____

Max Volunteers: _____ Min Volunteers:_____

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

Reviewed: _____ Date: _____
Keith Heinly, Senior Manager
United Way of Brevard

Approved: _____

* 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.