VOLUNTEER SERVICES REQUEST

Department Requesting Volunteer	Organization/Office Symbol	Location and Room #	DATE

Supervisor	Phone Number	Alternate Contact Person	Phone Number

Description of Tasks To Be Performed By Volunteer

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_____

Is the volunteer required to do chaperoning? ☐YES ☐NO **Days of week desired:** ☐M ☐T ☐W ☐TH ☐F ☐SA ☐SU

Will volunteer work with patients 18 and younger? ☐YES ☐NO **Hours Preferred** **Weekend/Evening Hours Preferred**

Number of Volunteers Requested: ☐Adults Only ☐Teenagers ☐Both **Length of Assignment**

Personal Characteristics Needed to Fill Requirements

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_____

Physical Requirements

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_____

Special Skills, Training, Experience, or Education Required ☐YES ☐NO *(If "YES", please list)*

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Training Provided: ☐YES ☐NO

Work Room Duties ☐YES ☐NO If "YES", the following work can be accomplished in the Volunteer Work Room. *(Check all that apply):*

☐Stamping forms with the Addressograph ☐Compiling Packets ☐Stuffing Labeling Envelopes

☐Inserting carbon between AF Form 600s ☐Collating and stapling paperwork ☐Other *(Please list):*

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TYPED OR PRINTED NAME OF REQUESTER	SIGNATURE OF REQUESTER
FLIGHT COMMANDER (Stamp or Type)	SIGNATURE OF FLIGHT COMMANDER