

VOLUNTEER REFERRAL CENTER

161 Madison Avenue • New York, NY 10016 • (212) 889-4805 • (212) 679-5316

www.volunteer-referral.org – info@volunteer-referral.org

VOLUNTEER JOB REQUEST FORM

DATE _____

AGENCY / ORGANIZATION _____

TITLE OF VOLUNTEER JOB _____

JOB DESCRIPTION: _____

PERSON TO CONTACT FOR THIS JOB _____

PHONE _____ FAX _____ EMAIL _____

Day/ Hours to Contact _____

NUMBER OF VOLUNTEERS NEEDED _____

Job Hours (Check one): WEEKDAYS _____ EVENINGS _____ WEEKENDS _____

LENGTH OF ASSIGNMENT: ONE-TIME _____ WEEKS _____ MONTHS _____ ON-GOING _____

TIME COMMITMENT (Fill in Number of Hours Below)

MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____ SUN _____ EVE _____

IS JOB TRAINING PROVIDED? YES NO (Please Check One)

SPECIAL QUALIFICATIONS NEEDED

a. Minimum Age _____ b. Education _____

c. Skills _____

d. If computer literacy, please specify:

Database Entry _____

Word Processing _____

Other _____

DOES JOB CONTINUE DURING SUMMER MONTHS? YES NO

JOB LOCATION (if other than main address) _____