



Agency Volunteer Request Form

Date: _____

Agency Name: _____

Address: _____

Telephone: _____ Email: _____

Contact Name: _____ Position: _____

VOLUNTEER INFORMATION:

Volunteer Job Title: _____

Describe the volunteer assistance you require: _____

Skills/Qualifications: _____

TIME COMMITMENT:

Duration and frequency of volunteer commitment: Weekly Monthly Flexible

Specific days and times required: _____

Is assignment ongoing? Yes No Starting date: _____ End date: _____

POSITION INFORMATION:

Where will the volunteer job be located? _____

What training and orientation will be provided? _____

What benefits are available to the volunteer? _____

Minimum Age: _____ Number of volunteers required: _____ Car required: Yes No

Please mail, fax or email your request to:

Rocky & District Volunteer Centre P.O. Box 1509, Rocky Mountain. House, AB, T4T 1B2

Fax: 403-845-2028 Email: perickson@rockymtnhouse.com