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**DOWNLOAD FORM TO COMPUTER BEFORE FILLING IT OUT.**

## REQUEST FOR VOLUNTEER ASSISTANCE

Organization Name:

Mailing address:

E-mail:

Work phone:

Cell phone:

Supervisor's Name:

**Note:** The supervisor will be responsible for providing the volunteer with training (as needed), materials and instruction. The supervisor will provide volunteer/s with information on who to contact if questions arise during the assignment. The volunteer supervisor will submit volunteer timesheets to The Volunteer Center by the 5<sup>th</sup> of each month.

Volunteer Position Needed:

Volunteer Duties:

Qualifications, experience, education and physical requirements for position:

Minimum Age: \_\_\_\_\_

Days and dates volunteer/s needed: \_\_\_\_\_

Time volunteer/s needed (shifts) \_\_\_\_\_

Number of volunteer/s needed per work shift: \_\_\_\_\_

Where should volunteer/s report to when arriving for work? \_\_\_\_\_