



815 N. Walnut, Hutchinson, Kansas 67501
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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 5th 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? _____