

Volunteer Opportunity Profile

Office Use Only

_____ Date In

_____ Date Processed

_____ Staff Initials

A. Agency Information

Date: _____

Name: _____

Address: _____

Phone Number: _____ Office Hours: _____

Contact Person: _____ Title: _____

Area of Service:

- | | | |
|--|--|---|
| <input type="checkbox"/> Abuse/Assault | <input type="checkbox"/> Health/Medical Services | <input type="checkbox"/> Mental Health Issues / Clients |
| <input type="checkbox"/> Alcohol/Drug Abuse | <input type="checkbox"/> Historical/Museums | <input type="checkbox"/> Office Work |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Home Care Services | <input type="checkbox"/> Prison/Probation |
| <input type="checkbox"/> Children/Youth Services | <input type="checkbox"/> Housing/Shelter | <input type="checkbox"/> Recreation/Socialization |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Hunger / Food Banks | <input type="checkbox"/> Tutoring/Homework Programs |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Legal Services | |

B. Classification

- One Time Event
Title of Event: _____
Time of Event: _____
Number of Volunteers Needed: _____
- On-going Position
_ Year Required
_ Semester Required
_ No Length Specified
- Summer Opportunities
- Internship

C. Profile

Specific Volunteer Duty: _____

Position Description: _____

D. Scheduling

Times Volunteer can be used:

- Mornings
- Afternoons
- Evenings
- Weekends

Total Volunteer hours needed per week:

- 0-2
- 3-4
- 5-6
- 7-10

E. Miscellaneous

Specific Training Required: Yes No

Distance from Campus: 0-2 miles 3-5 miles 6-8 miles 7-10 miles _____

Clothing Restrictions/Requirements: _____

Web site or e-mail address that we may link to our web site: _____