



CAMPUS VOLUNTEER CENTER

VOLUNTEER LISTING FORM

(please print clearly)

Office use only

Vol # _____

Staff initials _____

*This information must be filled out in order for your listing to be posted

AGENCY INFORMATION

*Agency name: _____

*Address: _____

*Contact person(s): _____ *Phone: _____
(first and last names)

*How would you like the student to contact you?
(check at least one box)

In person Time preferred: _____ am/pm _____ am/pm

Phone: _____ Time preferred: _____ am/pm _____ am/pm

E-Mail: _____

Website: _____

Fax: _____

Brief description of your agency: _____

VOLUNTEER INFORMATION

*Position title: _____

*Position description: _____

*Skills needed (check all that apply):

none typing phone web maintenance physical labor

work w/children work w/ disabilities other: _____

*Experience needed (check all that apply):

none clerical receptionist accounting

labor managerial child care disaster relief

other: _____

*Date job begins: _____ ends: _____ temporary ongoing one-time event

*SCHEDULE

Business hours: _____

Hours needed: _____ Approximate hours per week: _____

fixed schedule flexible with students schedule

THIS LISTING WILL REMAIN POSTED UNTIL YOU NOTIFY OUR OFFICE TO REMOVE IT. WE WILL CONTACT YOU BEFORE EACH SCHOOL YEAR TO UPDATE YOUR LISTING(S) IF YOU HAVE NOT ALREADY NOTIFIED US TO REMOVE IT.