

Volunteer Request Form – One Time Projects

Today's Date: _____ Project Name: _____

Campus: Downtown Community Department: _____

Location (Floor/Rm# to report to): _____

Dept. Contact Person who will be responsible for the volunteer(s): _____

Dept. Contact Phone #: _____ Email: _____

Project Description:

Describe the project and the general skills/abilities/duties needed of a volunteer (i.e. assembling new patient packets, data entry, online research, making reminder phone calls, stocking carts):

Restrictions (i.e. must be at least 18 y.o.): _____

Timeline:

Please indicate when you would like volunteers for your project, and how many people you seek. Please note, we may not be able to fill your entire request, but will do the best we can.

Date(s): _____ Time(s): _____ # Vols: _____

Agreement:

Volunteer Programs will canvas active volunteers to try to fill your request and will have them reach out to you directly to be coordinated. Your team will organize (room reservation(s), set-up, instructions and/or directions, schedule & supervision) the project. We encourage you to check-in on volunteers early into the project to ensure directions are being followed correctly.

Please complete and return to volunteer@upstate.edu