



## Volunteer Request Form

Organization Requesting Service: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

### **Event Information**

Name of Event: \_\_\_\_\_

Location of Event: (full address) \_\_\_\_\_

Date of the event: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Type of Event: (Circle One)    Indoor Event    Outdoor Event    Water Event

Estimated Attendance per Day:    Participants: \_\_\_\_\_    Spectators: \_\_\_\_\_

No. of first aid volunteers required: \_\_\_\_\_

- Paid Admission

- Free Admission

Equipment/Facility available on site for Volunteers:

- Layout of the site

- Schedule of the event

- First Aid Room

- Telephone

- Meal arrangement

- Clean drinking water

- Ice

- Rain out plans (outdoor event)

- Parking

On site contact to meet volunteers: \_\_\_\_\_

Other Information: \_\_\_\_\_

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### **FOR OFFICE USE ONLY:**

Inquiry received by: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation sent by: \_\_\_\_\_ Date: \_\_\_\_\_

Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

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