

**Volunteer Center
For Anne Arundel County**

**Non-Profit Organization
Request for Volunteers**

*All requests will be placed in our data base within one week of receipt
for a period of 3 months, at which time we will need an updated request.*

Name of Organization _____
Address _____
City/State/Zip _____
Phone _____ Fax _____ TDD/TTY Line _____
E-Mail _____ Web Site _____
Volunteer Coordinator _____

For each Volunteer Position Title, Describe the Project and Volunteer Duties (please include training and benefits you provide). Note if on-going, short term or one-time positions, and event dates or periods of need. Continue on reverse if you need additional space.

Minimum Age Accepted _____ Number of Volunteers Needed for each position _____
_____ Are the Sites accessible to Individuals with Disabilities? _____

During which times are volunteers needed?

weekday day-time
 weekend day-time

weekday evenings
 weekend evenings

Where are volunteers needed?

Annapolis South County
 North County West County

SPECIAL SKILLS REQUIRED _____

Would you like your organization's e-mail address included with this request?

No Yes _____

Would you like your organization's web site address included with this request?

No Yes _____

Would you like this opportunity placed in a press release? _____

(The Volunteer Center For Anne Arundel County will begin to highlight opportunities on a space available basis in bi-weekly press releases.)

Signature

Date