HUMAN SERVICES COUNCIL

201 NE 73rd Street, Suite 101 • Vancouver, Washington 98665-8345

Phone 360-694-6577 • Fax 360-694-6716 • www.HumanServicesCouncil.com

VOLUNTEER CONNECTIONS
Episodic Volunteer Assignment Description Form

Agency Name: _____

Contact Person: _____ **Phone:** _____

Fax: _____ **Email:** _____

Agency Address : _____

City: _____ **State:** _____ **Zip:** _____

IMPORTANT – PLEASE READ & SIGN: By submitting this Episodic Volunteer Assignment Description Form, as a partnering agency with Volunteer Connections, I agree to assist Volunteer Connections in meeting its federal guidelines by documenting volunteer time. Our agency will forward the event/activity timesheet provided by Volunteer Connections, (with volunteer and an agency supervisor signature) within a week after the event. If there is a cancellation of this request for volunteers, I will provide that via email to Volunteerconnections@hsc-wa.org or by calling 360-735-3683 immediately. I am also responsible to call the volunteers with any cancellations or changes. PLEASE NOTE: THESE VOLUNTEERS SHOULD ONLY BE CONTACTED FOR THIS EVENT! **Agency Contact Signature:** _____

Event/Activity Name: _____

Location/Address of Assignment: _____

City: _____ **State:** _____ **Zip:** _____

On-site Event/Volunteer Coordinator: _____ **Phone:** _____

Date(s)	Time(s)/Shift(s)	Number of Volunteers Per Shift
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volunteer Assignment Title: _____

Assignment Description/Duties: _____

_____

_____

_____

_____

_____

Physical Requirements (if applicable): _____

Minimum Age: _____ **Event Located on Bus Line?** ____yes ____no **Wheelchair Access?** ____yes ____no

Meal/Lunch Provided: ____yes ____no **Court Ordered Service Allowed?** ____yes ____no

Parking On-Site or On-Street: _____ **If Pay-to-Park – Is it Reimbursed:** ____yes ____no

VOLUNTEER CONNECTIONS OFFICE USE ONLY Date Request Received: _____ Staff Initials: ____

_____ Logged _____ 1-800 Database _____# of Volunteers Placed _____ Timesheet Sent _____ Timesheet Received

VOLUNTEER CONNECTIONS
SPECIAL EVENT / ACTIVITY GROUP TIMESHEET

Please return this timesheet to Volunteer Connections within a week after your event.
201 NE 73rd Street, Suite 101 Vancouver, WA 98665
Phone: 360-735-3683 * volunteerconnections@hsc-wa.org * Fax: 360-694-6716

Organization: _____

Event / Activity Name: _____

Event Date: _____ **Event Time:** _____

Agency Contact (Printed): _____ **Signature:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Volunteer Connections Representative Signature: _____

VOLUNTEER NAME	PHONE	VOLUNTEER SIGNATURE	SHIFT / TIME SCHEDULED	TIME IN	TIME OUT