



**HUMAN  
SERVICES  
COUNCIL**

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**VOLUNTEER CONNECTIONS**  
**On-Going Volunteer Assignment Description Form**

Agency Name: \_\_\_\_\_

Program: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Location/Address of Assignment (if different): \_\_\_\_\_

***IMPORTANT – PLEASE READ & SIGN:** By submitting this On-Going 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. On a monthly basis our agency will forward volunteer timesheets with an agency/supervisor signature .*

Agency Contact Signature: \_\_\_\_\_

**Volunteer Assignment Title:** \_\_\_\_\_ **# of Volunteers Needed:** \_\_\_\_\_

**On-Site Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Location Address:** \_\_\_\_\_

**Description / Duties:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Orientation and/or training provided:** \_\_\_\_\_

**Physical Requirements or Qualifications (if applicable):** \_\_\_\_\_

**DAYS & TIMES**

**Time Commitment (at least):**  3mo.  6mo.  1yr.

**Monday**  am  pm Details: \_\_\_\_\_

**Tuesday**  am  pm Details: \_\_\_\_\_

**Wednesday**  am  pm Details: \_\_\_\_\_

**Thursday**  am  pm Details: \_\_\_\_\_

**Friday**  am  pm Details: \_\_\_\_\_

**Saturday**  am  pm Details: \_\_\_\_\_

**Sunday**  am  pm Details: \_\_\_\_\_

**ADDITIONAL INFORMATION**

- **Minimum Age:** \_\_\_\_\_
- **Min. Age When Accompanied by Adult:** \_\_\_\_\_
- **Located on Bus Line:**  yes  no
- **Wheelchair Access:**  yes  no
- **Parking On-Site or On-Street:** \_\_\_\_\_  
If Pay-to-Park – Is it Reimbursed:  yes  no
- **Mileage Reimbursement:**  yes  no
- **Meal/ Lunch Provided:**  yes  no
- **Court Ordered Service Allowed:**  yes  no

**VOLUNTEER CONNECTIONS OFFICE USE ONLY**

Logged  1-800 Database Newsletter: \_\_\_\_\_

Date Request Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

News Release: \_\_\_\_\_ E-Newsletter: \_\_\_\_\_

