



LIVE UNITED

VOLUNTEER AGENCY FORM

Agency Name _____

Date: _____

Agency Contact Name _____

Agency Contact Number _____

Agency Contact e-mail _____

Address of volunteer project _____

Volunteer Position _____

Job Description _____

Opportunity Category: (Please choose the category that best describes your opportunity):

- | | |
|---|---|
| <input type="checkbox"/> Infants (0-4) | <input type="checkbox"/> Abused / Battered |
| <input type="checkbox"/> Children (5-12) | <input type="checkbox"/> Men |
| <input type="checkbox"/> Adolescents (13-17) | <input type="checkbox"/> Women |
| <input type="checkbox"/> Young Adults (18-25) | <input type="checkbox"/> Students |
| <input type="checkbox"/> Impaired / Ill | <input type="checkbox"/> Animals & Environment |
| <input type="checkbox"/> Families / Parents | <input type="checkbox"/> Drug & Alcohol Abuse |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Other (be Specific): _____ |
| <input type="checkbox"/> Low-Income / Poverty | _____ |

Please list any skills needed for this opportunity that might be helpful in placing volunteers (For Example: Construction, Clerical, Child Care, Janitorial, Lawn Care, etc.) _____

Short Term Assignment Long Term Assignment Special Event (One Time Volunteer)

Number of Volunteers Needed _____

Date or Dates Needed: _____

Hours: Start _____ End _____ Report to _____

Location: _____

Will transportation be provided? Y/N _____ Will volunteer need own vehicle to perform tasks? Y/N _____

Additional Information: _____

PLEASE NOTE

*ALL AGENCIES/ORGANIZATIONS WILL BE RESPONSIBLE FOR BACKGROUND CHECKS AND COST

* EACH APPLICANT HAS COMPLETED A BACKGROUND CHECK PERMISSION FORM AVAILABLE UPON REQUEST

GIVE. | ADVOCATE. | VOLUNTEER. | LIVE UNITED.™