# **Volunteer Program Request Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Department Name: | Requested by: | Date: | Dept. Supervisor: |
| Requestor Phone: | Requester Email: | Required Start Date: | Required End Date: |
| Site Contact: | Site Contact Phone: | Site Contact Email: | # of Vols Requested: |
|  |  |  |  |
| **Introduction & Application of Need:** [Please give an introduction of the need and how you envision the need being carried out/organized] |
|  |
| **Synopsis of Requirement:**1. [Reason #1 for what I need and why I need it.]
2. [Reason #2 for what I need and why I need it.]
3. [Reason #3 for what I need and why I need it.]
 |
|  |
| **Organizational Goals:** [Please indicate the goals your request aligns with within our health system] |
|  **Proposed Timeline:** [Please indicate the proposed timeline for your need.] |

**PLEASE ATTACH ANY SUPPORTED DOCUMENTATION**

|  |
| --- |
| Approval/Disapproval |
| Final Disposition: | Approve Request> | **X** | Future Consideration> |  | Disapprove Request> |  |
| VS Name/Title: | Phone Number: | E-mail Address: |
| Signature: | Date Signed: |
| Disposition Notes: |