# **Volunteer Program Request Form**

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| 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**

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