

# Request for an Organized Group of Volunteers

(Use for requesting assistance with one-time or occasional projects)

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

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

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

Website: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

.....

Volunteer Job/ Project : \_\_\_\_\_

Location of Job/ Project: \_\_\_\_\_

Description of the Opportunity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On-going Opportunity      If not, Position Begins: \_\_\_\_\_ Position

Ends: \_\_\_\_\_

## Population Served by this Opportunity:

Infants  Children  Youth  Adults  Seniors  Families  Physically  Emotionally Challenged  Mentally Challenged

Qualifications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Minimum Age: \_\_\_\_\_ Requested Group Size: Minimum \_\_\_\_\_ Maximum: \_\_\_\_\_

Orientation Provided: Yes/No      Training Provided: Yes/No

Lunch Provided: Yes/No      Snack Provided: Yes/No

Materials Needed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteer Benefits/ Additional Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Return this Form to:

Youth Volunteer Corps of Greater Kansas City  
Attn: Team Leaders  
4600 W. 51<sup>st</sup> Street, Suite 300  
Shawnee Mission, KS 66205  
Phone: (913) 432-9822 x33 Fax: (913) 432-3313  
Web: [www.yvckc.org](http://www.yvckc.org)