GUIDELINES
VOLUNTEER POSITION DESCRIPTION

PROJECT NAME:

LOCATION OF ASSIGNMENT/PHYSICAL CONDITIONS:

LIST VOLUNTEER DUTIES:

1. 
2. 
3. 
4. 
5. 

LIST DESIRED SKILLS/ABILITIES:

1. 
2. 
3. 
4. 
5. 

MATERIALS/EQUIPMENT TO BE UTILIZED ON THE PROJECT (provided by Program):

MATERIALS/EQUIPMENT/SUPPLIES (provided by volunteer):

TRAINING/ORIENTATION NEEDED:

SCHEDULE:

SUPERVISED BY: TITLE:
Please sign and date:

I have read the volunteer project description and understand the scope of activities for this project which I am volunteering for:

Volunteer Name (print):________________________________________

Volunteer Signature: __________________________________________

Date: ______________________________

If under 18 years:

Parent or Guardian Name (print):_________________________________

Parent or Guardian Signature: ___________________________________

Date: _____________________________