



RSVP/VC Request for Volunteers

Please Return to RSVP via fax (802-775-8221) or mail to: 6 Court Street, Rutland, VT 05701

Volunteer Site/Station _____

Date of request _____

Site/Station Address _____

Volunteer Coordinator/Supervisor _____ **Phone** _____

What Community/Organizational need will the volunteer help you meet ?

What service activity (duties and responsibilities) will the volunteer perform? _____

How do you anticipate the volunteer service activity will impact on your community/organizational need as stated above ? _____

Training provided and /or required by your organization _____

of days/hours per week if assignment is ongoing _____

Other information you would like RSVP to have concerning this assignment _____

---FOR OFFICE USE ONLY---

Volunteer name **Contacted** **Assigned** **Need Transportation**