

VOLUNTEER SERVICES NEEDS ASSESSMENT FORM

(PLEASE COMPLETE IN DETAIL AND RETURN TO SLOT 527)

NAME OF DEPARTMENT: _____

LOCATION OF DEPARTMENT: _____ SLOT NUMBER: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

DESCRIPTION OF DEPARTMENT (TYPE OF PATIENTS BEING SERVED, SERVICES RENDERED, ETC.):

QUALIFICATIONS/EDUCATION/SKILLS NECESSARY FOR VOLUNTEER: _____

DAYS/TIMES NEEDED (CHECK ALL THAT APPLY):

☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY ☐ WEEKENDS

☐ MORNING ☐ AFTERNOON ☐ EVENING

NUMBER OF VOLUNTEERS NEEDED: _____ IS THIS AN ONGOING VOLUNTEER OPPORTUNITY?: _____

DESCRIPTION OF DUTIES (PLEASE LIST ALL DUTIES FOR WHICH VOLUNTEERS WILL BE RESPONSIBLE):

MAY THIS POSITION BE FILLED BY A YOUNG ADULT (UNDER 18)?: _____

THIS POSITION IS (CHECK ONE): ☐ URGENT ☐ IMPORTANT ☐ HELPFUL ☐ NOT A HIGH PRIORITY

SIGNED: _____ DATE: _____

FOR OFFICE USE ONLY:

RECEIVED: _____ PROCESSED: _____

BY: _____ DATE: _____ FILL: _____

SERVICE DESCRIPTION: _____