## Iowa Department of Human Services REQUEST FOR VOLUNTEER

Person Making Request			Phone		Date			
Title	Office							
Volunteer Need	ed for:	Attached	job desc	ription re	equired			
*Client Inform	ation (S	ee Below)						
Client Name				Client B	irth Date	Clie	Client Sex	
Client Address				Job Title				
Preferred Time	for Serv	ices						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Morning						<u> </u>		
Afternoon								
Evening								
Frequency of C	Contact				)			
( ) Daily	( ) Weekl	y ()	Monthly	( )	Occasiona:	lly (	) On Reques	
Expenses the v	olunteer	may incur						
Volunteer to b	oe supervi	sed by: _				W. J. L		
			Name			Ph	one	
Please return	form to t	he contra	ctor or	volunteer	services	director		
*Client inform	nation not	applicab	ole for n	reguest fo	r office :	support v	olunteers.	
Request receiv	ved Date							
Request filled	d by							
	Volu	inteer				Dat	e	
	Mail	ling Addre	ess			Pho	ne #	

## **VOLUNTEER JOB DESCRIPTION**

TITLE:

VOLUNTEER

LOCATION OF WORK:

**DESCRIPTION OF DUTIES:** 

SUPERVISOR OF: Name, Title

Address

Telephone

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(Agency)	
TIME REQUIRED:	
LENGTH OF COMMITMENT:	
(minimum)	
QUALIFICATIONS:	
TRAINING PROVIDED:	
OTHER INFORMATION:	
White: Contractor Yellow: File	