

# RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER REQUEST FOR VOLUNTEER SERVICES

Date \_\_\_\_\_

Department/Area \_\_\_\_\_

Please check type of request:

One Time Only Need \_\_\_\_\_

Individual Volunteer \_\_\_\_\_

Continuous Need \_\_\_\_\_

Group Volunteers \_\_\_\_\_

*(Please indicate size of group)*

Briefly describe duties to be performed by the Volunteer(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Assignment Location:

Building \_\_\_\_\_ Room # \_\_\_\_\_

Assigned Days

Time of Assignment

Monday \_\_\_\_\_

\_\_\_\_\_

Tuesday \_\_\_\_\_

\_\_\_\_\_

Wednesday \_\_\_\_\_

\_\_\_\_\_

Thursday \_\_\_\_\_

\_\_\_\_\_

Friday \_\_\_\_\_

\_\_\_\_\_

Saturday \_\_\_\_\_

\_\_\_\_\_

Sunday \_\_\_\_\_

\_\_\_\_\_

Supervisors Name \_\_\_\_\_ Extension \_\_\_\_\_

\*\*\*\*\*

Return to:  
Volunteer Services – Trailer #1  
(Volunteer Request Form.doc)