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Mesa County RSVP, Inc.

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VOLUNTEER REQUEST FORM

Agency Name: _____ Date of Request: _____

Agency Contact: _____ Agency Phone: _____

Agency Contact Email: _____

Volunteer Position Title: _____

Location of Volunteer Position: _____

Physical Address City State Zip+4

Number of Volunteers Needed: _____ Name/Title of Volunteer Supervisor: _____

Description of Duties (Describe in Detail): _____

Check one that describes this VOLUNTEER POSITION, not your agency:

- | | |
|---|---|
| <input type="checkbox"/> Health Education:
Coaching/Information Distribution | <input type="checkbox"/> Education: K-12 Mentoring/Tutoring |
| <input type="checkbox"/> Food Delivery to Homebound Elderly | <input type="checkbox"/> Education: Other |
| <input type="checkbox"/> Emergency Food Assistance at Food Bank | <input type="checkbox"/> Veterans/Military Families:
Access to Benefits/Mental Health/Legal Services |
| <input type="checkbox"/> Providing Home Repair Services | <input type="checkbox"/> Disaster:
Preparedness/Response/Recovery/Mitigation |
| <input type="checkbox"/> Financial Literacy Services | <input type="checkbox"/> Volunteer Management/Recruitment |
| <input type="checkbox"/> Providing Transportation to Homebound Elderly | <input type="checkbox"/> In-kind Donations: Gathering/Selling |
| <input type="checkbox"/> Care Giver Support | <input type="checkbox"/> Park/Trail Improvement |
| <input type="checkbox"/> Job Training | |
| <input type="checkbox"/> Other: _____ | |

Describe Volunteer Skills/Requirements: _____

Describe Training Provided to Volunteer: _____

Describe the population impacted by Volunteer Position: _____

CHECK ALL THAT APPLY

Will Volunteer Have To: Walk Stand Sit Lift # of Lbs. _____

Time of Day: Mornings Afternoons Evenings Flexible Hours per Week: _____

Length of Position: Ongoing Less Than a Year Date Job Ends: _____ Other: _____

Office Use Only: Show on website _____ New request ___ or Updated request _____