



LANGLEY VOLUNTEERS - AGENCY REQUEST FORM

Please submit one form for each volunteer position

Date of request: _____

Agency: _____

Address: _____

Staff Contact: _____ Telephone: _____

Email: _____

Position Title: _____

Describe the volunteer assistance you require: _____

Qualifications: (including any restrictions) _____

Timing: (duration and frequency of volunteer commitment; schedule flexibility; start time)

Where will the volunteer be based? _____

What training, education and orientation will be provided? _____

What benefits are available to the volunteer? _____