



Retired and Senior Volunteer Program of Centre County

Volunteer Position Description / Volunteer Request Form

Agency Name: _____ Date: _____

Address: _____

Telephone Number: _____ Fax Number: _____ Email: _____

Contact
Person: _____ Title: _____

Title of Volunteer Position: _____

Person to whom volunteer reports: _____

Duties of Volunteer (assigned tasks we will use to "advertise" the position): _____

Qualifications (special skills needed/physical requirements of the job): _____

Days and Times Needed: _____

Orientation, Supervision, Training & Evaluation Given to Volunteer: ____ Yes ____ No

Volunteer Benefits? (i.e. – parking, meals, transportation, work environment): ____ Yes ____ No

If yes, please explain: _____

Handicap accessible? ____ Yes ____ No

Does this position require a criminal background check? ____ Yes ____ No

Who will be responsible for the check and its costs? _____

Service Category (to be completed by Centre County RSVP Director): _____

Volunteer Supervisors Signature: _____