

**REQUEST FOR VOLUNTEERS**  
*For Long Term Services*

Requested by:

Date of Request:

Department:

Phone Extension:

Type of Assignment (i.e. Patient Care, Patient Support, Clerical):

Preferred Starting Date:

Location of Assignment:

**Coverage Needed:**

Days of Week:     Sunday     Monday     Tuesday     Wednesday  
                          Thursday     Friday     Saturday

Hours/Shifts         9:00am - 12:30pm     12:30pm - 4:00pm     4:00pm - 7:30pm

Objective:

Qualifications/Special Requirements (walking, pushing wheelchairs, lifting, etc.):

- 1.
- 2.
- 3.
- 4.

Responsibilities (list key duties and tasks):

- 1.
- 2.
- 3.
- 4.

Benefits for Volunteer (to assist us with recruitment):

Training Required:

Competencies (i.e. ability to work with people, understand and practice infection control, recognize and respect the multi-cultural needs of our patients and their families, etc.):

- 1.

- 2.
- 3.
- 4.

Name/Title of Person Who Will Supervise Volunteer(s):

Name/Title of Person Who Will Train Volunteer(s):

**Please remember to include volunteers as part of your team.**

If you have any questions concerning our Volunteer Program, please call Volunteer Services at 713-3514 or email us at [voldept@wakehealth.edu](mailto:voldept@wakehealth.edu).