



# Request for Volunteer Assistance

## RSVP of Central Oklahoma, Inc.

*“Enriching the lives of older adults by connecting them with meaningful and rewarding community volunteer opportunities.”*

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*For consideration of RSVP volunteer assistance, this form must be completed in detail, signed, and submitted to the RSVP office prior to the beginning of the project date.*

Organization Name: \_\_\_\_\_ Director: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip code)

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Website: \_\_\_\_\_

Who will serve as RSVP liaison for this assignment? \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

General purpose of your organization: \_\_\_\_\_

Can your organization assist RSVP in any of the following areas?

Meals/Refreshments for Volunteers     Mileage Reimbursement for Volunteers     Financial Contribution to RSVP

Other (please describe): \_\_\_\_\_

Date(s) assistance is needed:                      Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Volunteer Position Title: \_\_\_\_\_

Special skills or experience requested: \_\_\_\_\_

Detailed description of assignment: \_\_\_\_\_

What impact (benefit) does this assignment have in the community? \_\_\_\_\_

**X** \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Organization Director or Authorized Representative)

### For RSVP Office Use Only

Service Category: \_\_\_\_\_ Objective: \_\_\_\_\_ MoU on file: \_\_\_\_\_

Service Activity: \_\_\_\_\_ Entry Date: \_\_\_\_\_ By \_\_\_\_\_

