



REQUEST FOR VOLUNTEER FORM

VOLUNTEER OPPORTUNITY

Name of Organization: _____

Address: _____

Contact Name: _____

Contact Email: _____

Contact Phone Number: _____

Website/Link for Additional Information: _____

Volunteer Date(s): _____

Start Time: _____ End Time: _____

Location of Activity: _____

Grade Level of Volunteer (circle): MIDDLE SCHOOL HIGH SCHOOL

Optional: (state specific age/grade desired) _____

Please provide description of task(s): _____

Additional Comments: (or attach a flyer) _____

What Covid-19 Safety Protocols will be in place? _____

Students and parents have the responsibility of adhering to Monroe County Health Department guidelines in order to earn credit. Please email the completed form to michelle_legg@pittsford.monroe.edu; (267-3745) one full month ahead of volunteering dates. We can post and forward your request to the appropriate staff, however, we cannot guarantee volunteers.

Thank you for providing this opportunity to our students.