



VOLUNTEER REQUEST FORM

Name (Last, First): _____

Email Address: _____

Organization Name: _____

Event Name: _____

Event Date (MM/DD/YYYY): _____

Event Location/Address: _____

How many volunteers are you requesting? _____

Hours of Volunteer Shifts? _____

Point of Contact Information

POC Name: (Last, First): _____

Primary Phone: _____

Email Address: _____

Additional Information

Will food be provided to the volunteers (breakfast, lunch, dinner, snack)?

Will transportation be provided to the event?

Yes No

Please provide a brief description of event and list each volunteer job and the duties associated with that position.
(Ex: greeter - distributes programs to attendees.)

Organizer Signature and Date: _____

It is requested that volunteer requests are submitted no less than 45 days prior to an event. If requests are submitted after this deadline we will do our best to accommodate your request. Please understand that the Marines have stringent work schedules and training exercises.