



**Pittsburg Area  
YOUNG PROFESSIONALS**

PLEASE COMPLETE FORM  
**3 WEEKS PRIOR TO EVENT**  
AND EMAIL TO [jennmonje@gmail.com](mailto:jennmonje@gmail.com).  
WE WILL RESPOND WITHIN 2-3 DAYS.

### Volunteer Request Form

NAME OF GROUP: \_\_\_\_\_

PURPOSE OF FUNCTION: \_\_\_\_\_

VOLUNTEER DUTIES:  
(Be as specific as possible.) \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SERVICE PROJECT  
DETAILS: Date of Event: \_\_\_\_\_

Volunteers Needed: From \_\_\_\_\_ a.m. / p.m. to \_\_\_\_\_ a.m. / pm.

Time Slots: \_\_\_\_\_ (ex. 1 hour time slots, 2 hour time slots, etc.)

Total Number of Volunteers Needed Per Time Slot: \_\_\_\_\_

#### OTHER QUESTIONS:

1. How many people in the community is this event touching? \_\_\_\_\_

2. Are you relying solely on PAYP for your volunteer base? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have we provided volunteers for your organization in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

#### OTHER INFORMATION PERTINENT TO REQUEST:

\_\_\_\_\_  
VOLUNTEER REQUEST CONTACT                      DATE

\_\_\_\_\_  
PAYP SERVICE CHAIR    DATE

**NOTE: We cannot guarantee that the number of volunteers requested  
will be fulfilled. Preference will be given to PAYP sponsors.**

For Internal Use Only: Approve \_\_\_\_\_ Deny \_\_\_\_\_