



PLEASE COMPLETE FORM
3 WEEKS PRIOR TO EVENT
AND EMAIL TO
payp@pittsburgareachamber.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 _____