

**SUSAN G. KOMEN FOR THE CURE
GREATER ROANOKE VALLEY AFFILIATE
VOLUNTEER REQUEST FORM AND JOB DESCRIPTION**

Date of Request:

Person/Committee Making Request:

Position Title:

Event Name (if applicable):

Time Requirement (hours/dates/days, etc.):

Supervisor and/or Contact Person:

Name:

Phone:

Volunteer Responsibilities/Tasks:

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Qualifications Needed:

(What skills/knowledge would be helpful?)

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Anticipated number of volunteers needed: