

VOLUNTEER EVENT FORM

Event Details

Name of Event: _____

Event Date: _____ Start time: _____ End time: _____

LU Event Organizer: _____

LU sponsoring organization, if applicable: _____

Please choose: One-time event Ongoing volunteer/service project

Volunteer site/agency name: _____

Address: _____ City: _____ State: _____

Agency Contact: _____ Phone/e-mail: _____

Purpose of your event: (**CHOOSE ONLY ONE**-Submit multiple forms if needed)

- | | | | |
|--------------------------------------------|--------------------------------------------|------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Arts/History | <input type="checkbox"/> Animals | <input type="checkbox"/> Children | <input type="checkbox"/> Crisis Intervention/Response |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Disability | <input type="checkbox"/> Diversity | <input type="checkbox"/> Education |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Environment | <input type="checkbox"/> Health | <input type="checkbox"/> Housing/Homelessness |
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Sports/Recreation | | |

What type of work will the volunteers be doing? (**CHOOSE ONLY ONE**-Submit multiple forms if needed)

- | | | |
|---------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Advertising, Marketing, Design | <input type="checkbox"/> Animal Care | <input type="checkbox"/> Arts/Crafts/Games – Adults |
| <input type="checkbox"/> Arts/Crafts/Games – Children | <input type="checkbox"/> Canvassing | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Clerical Work/Receptionist | <input type="checkbox"/> Coaching/Officiating | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Counseling/Support | <input type="checkbox"/> Driving | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Facility Maint/Clean – Indoor | <input type="checkbox"/> Facility Maint/Clean – Outdoor | |
| <input type="checkbox"/> First Aid/Healthcare | <input type="checkbox"/> Fundraising/Philanthropy | |
| <input type="checkbox"/> Landscaping/Grounds keeping | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Performance/Presentation |
| <input type="checkbox"/> Research/Survey | <input type="checkbox"/> Sales/Concessions | <input type="checkbox"/> Supervision |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Technological Support | <input type="checkbox"/> Translation/Interpretation |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Other | |

Describe your event: (This may appear on printed materials, websites, etc.)

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Participant Details

Name of Event: _____ Event Date: _____

LU Event Organizer: _____

	LU ID	First and Last Name	Hours Worked (by 1/4 hour)	Student org. to credit
1				
2				
3				
4				
5				
6				
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