



270 SCOTT STREET
PASO ROBLES, CA 93446
805.544.8740 Office
805.544.9146 Fax

3CV (50+) VOLUNTEER OPPORTUNITY DESCRIPTION

(USED FOR PROMOTING YOUR VOLUNTEER NEEDS)

Volunteer Station: _____

If volunteer opportunity for your organization exists in multiple cities, please list cities _____

Volunteer Job _____

Days of available shifts _____

Number of days/shift needed per week _____

Number of hours needed per day/shift _____

Is this volunteer opportunity - Occasional _____ Short Term _____ Ongoing _____

Brief description of volunteer opportunity and activities involved with this job.

Please note if there are long periods required of: standing ___ sitting ___ walking ___ other ___ (please explain)

Will volunteer be using their car during volunteer job? Yes _____ No _____

Are there any necessary skills or experience needed for this position? Yes _____ No _____ If yes, please explain: _____

Signature

Date

Revised 9.2.21