



YOUTH AND FAMILY SERVICES

12 Mudge Way
Bedford, MA 01730-2171
Phone 781-275-7727
Fax 781-275-7767

Volunteer Request Form

Name of Your Group/Organization _____

Address _____

E-Mail _____ Phone: _____

Project Supervisor _____

Project Type:

Child Care	_____	Animal Care	_____
Elder Assistance	_____	Food Pantry	_____
Gardening	_____	Community Supper	_____
Office Assistance	_____	Other	_____

Project Description (please provide a short description of your project and how the volunteer will be used in the space below):

Project completion deadline (if any): _____ Is project on-going? _____ Yes _____ No

Do you have date or time requirements? _____

Do the workers need any special experience/training?

Minimum age of workers _____ Number of workers needed? _____

Will youth have supervision? _____

Anything else we should know:

BYFS Community Service Program is a referral program only. We do not provide transportation, supervision, training, or supplies. You are responsible for agreeing on schedule, documenting the volunteer's time and managing the project once the workers have accepted a project.

Signed _____ Date _____