



## SERV Non-Profit Request Form

### REQUESTOR'S INFORMATION

DATE \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Primary phone number

\_\_\_\_\_  
E-mail address

### Type of Volunteer Service Leave

Education

Mentoring

Human Service

Health

Environmental

Public Safety

### Non-Profit Information

Please list the name of the organization staff member that we may contact regarding this request:

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Website

\_\_\_\_\_  
Name of volunteer coordinator

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_