



1550 Main St | 3rd Floor | Springfield MA | 01103

(413) 787-7100 EXT 55697

www.springfieldschoolvolunteers.org

## VOLUNTEER REQUEST FORM

### School Information

<input type="text"/>	<input type="text"/>
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School Name

Requestor Name

<input type="text"/>	<input type="text"/>
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Requestor Position

Requestor Phone (*please include direct extension*)

<input type="text"/>
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Requestor Email

### Request Information

*Please note, SSV will do our best to fulfill requests according to availability of eligible volunteers.*

#### **Mentor Request**

To request volunteers who can help your students achieve academic and social-emotional goals that align with Portrait of a Graduate, please indicate how many of each type of mentor you need in the boxes below:

One-on-one (One volunteer meets with one student at a time)

Small Group (One volunteer meets with 3-5 students at a time)

**If there is a time frame that is ideal for volunteers to meet with students, please indicate below:**

Monday	<input type="text"/>	Wednesday	<input type="text"/>	Friday	<input type="text"/>
Tuesday	<input type="text"/>	Thursday	<input type="text"/>		

#### **General Support Request**

To submit a general volunteer request to be shared with our volunteer pool, complete the following section:

**Number of volunteers needed:**  **Start Date:**  **End Date:**

**Commitment:** One time  Weekly  Monthly  Other

**Day(s)/time(s) for your request:**

Monday	<input type="text"/>	Wednesday	<input type="text"/>	Friday	<input type="text"/>
Tuesday	<input type="text"/>	Thursday	<input type="text"/>		

**Please provide a brief description of your request below:**

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### Authorization

<input type="text"/>	<input type="text"/>
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Principal Signature

Date