

NSU Volunteer Center

Your Agency's Opportunity/Upcoming Events

All information submitted will be reviewed by the Volunteer Center staff before posting.

(One form per Event)

Agency Name: _____

Volunteer Administrator Name and Contact
Information: _____

Name of Opportunity/Event: _____

This opportunity/event is most appropriate for:

1. Individual - 1 time only
2. Individual - ongoing basis
3. Group (class project/community service organization) # needed: _____
4. Internship
5. Could be designed in more than one way (Please explain): _____

Date(s) of opportunity/event: _____

Time(s) of opportunity/event: _____

Purpose of opportunity/event: _____

Service responsibilities of volunteer(s) and location of
opportunity/event: _____

Qualifications of volunteer(s): (please include any age, physical, and/or background check
requirements) _____

___ Checking this space indicates that you have read the statement below and agree to its terms.
***I understand that the NSU Volunteer Center is a clearinghouse and does not screen its
volunteers. All screening and background information are the responsibility of the
organization utilizing the volunteers.***

Signature

Date