



UMKC Community Service Volunteer Request Form

1. **Organization Name:** _____
2. **Contact Person Name:** _____ **Position:-** _____
3. **Address :-** _____
City : _____ **State :** _____ **ZIP :** _____
4. **Phone Number :** (____) - ____ - _____ **E-mail :-** _____
5. **Project Name(s):** _____

Detailed Project Description : _____

6. **Number of Volunteers Required :** _____
7. **Duration of the project in hours:** _____
8. **Location(s)**

9. **Approximate Distance(s) from UMKC Volker Campus** (5100 Rockhill Road, Kansas City, Missouri 64110-2499) : _____

10. **Does the project involve use of any kind of supplies ?** - Yes No

If Yes

a) **Will Supplies be provided ?** – Yes No

b) **What kind of supplies will be needed for the project ?** :-

11. **Does the project require training ?** – Yes No

12. **Does the project involve hazardous material of any kind ?** –Yes No

Signature : _____

Today's Date : _____

Notify the **Student Life Office** of any changes,
G-6, University Center, 5100 Rockhill Road
Kansas City, Missouri 64110-2499

Phone: (816) 235-1407 **Fax:** (816) 235-5590 **E-Mail:** stulife@umkc.edu