



Orinda Volunteer Center
Service Organization Volunteer Request

Date: _____

Name of Organization: _____

Contact: _____ Phone: _____

E-Mail Address: _____ Fax: _____

Number of Volunteers Needed: _____

State Date Needed: _____ End of Project Date: _____

Circle Days and Describe Shift Schedule:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Where will work occur? _____

Can you use youth volunteers? _____

Description of project: _____

Fax or Mail to: _____

The Orinda Association
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Email: oa@orindaassociation.org
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