



Volunteer Request Form

Name of Event or Organization: _____

Address of Organization: _____

Point of Contact: _____

Phone # for POC and Organization: _____

Date and times volunteers needed: _____

Reason for volunteers: _____

How many volunteers? _____

How did you hear about our organization? _____

Briefly describe why you think it would be advantageous for the Shaw Spouses' Club to volunteer for your organization/event? _____

Special skills required: _____

Please mail this form to the address below Attn: Charitable Chair.

**Allow 4 to 6 weeks notice for volunteer request. Please keep volunteer requests to single date events/
times. We are not presently able to provide long term or on-going volunteer needs.*



PO Box 52337 Shaw AFB SC 29152

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