



Group Volunteer Value Service/Work Approval Request

Name of Group: _____

Your Name (print): _____

Title/Role in Group: _____

Description of service/work that group members would like to do: _____

Location where work/service will be done: _____

City Department Supervising Event or Work: _____

By signing below, I verify that I am authorized by the above named group to make this request on behalf of our group. I authorize the City of Roswell to apply donated hours of participating members as Volunteer Value credits to this group's account to be used toward approved City facility/property rental fee. Each participating group member must complete Volunteer Value Hours Verification form for hours served to be credited.

Signature of Person Submitting This Request Date

To be signed by City staff noted below to approve this service/work request.

Volunteer Value Program Staff Date

City Staff Supervising Department Service/Work Date