



Individual Volunteer Value Service/Work Approval Request

Your Name (print): _____

Description of service/work that volunteer 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 requesting the hours I volunteer for the above activity be counted toward Volunteer Value credit. I am aware that the volunteer hours for the above activity cannot be used by myself, but can only be used (after approved) by donating them to a participating group. Once donated, the group may use those hours as Volunteer Value credits toward approved City facility/property rental fee by that group. I also am aware that once I donate my approved volunteer hours to a group, those hours are no longer mine and the donation of those hours cannot be canceled or changed.

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