



Individual Request to Donate Volunteer Value Hours to Group

Date: _____

Your Name (print): _____

Name of participating group you would like to donate your hours to:

Number hours you are donating: _____
(you can only donate hours after they are approved and in your account)

By signing below, I authorize the City of Roswell to transfer the requested number of Volunteer Value hours from my account to the above named group's account. I am aware that once I donate these hours they will belong to the group and cannot be returned to me.

Signature of Person Submitting This Request

Date

To be signed by City staff noted below to approve this credit request.

Volunteer Value Program Staff

Date

City Supervisor of Requested Facility/Property

Date