

## FORM #1

### Volunteer Requirement List

Date: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ A# \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone(s) Best contact # \_\_\_\_\_

Email: \_\_\_\_\_

#### Women Center Volunteer ideas:

Please check the ones you would be able to help with.

- Day on the Quad** August 10 am till noon
- Plant A Pink Tulip** October 10 am till noon
- Clothesline Project** October 9 am till 9 pm
- Mitten Tree** November 3, till December 1,
- Holiday Open House** December noon till 4 pm
- CAPSA** Christmas wrapping
- Vagina Monologues**
- National Women's History Month** March
- Angel Cried A Tear**
- Women Over 65 Achievement Award** April

#### Other Volunteer Options:

*Please call the below places to arrange volunteer hours.*

- Global Village Gifts** 146 N. 1600 E. Logan, Utah 713-4347  
Please contact them by email at [globalvillagegifts@yahoo.com](mailto:globalvillagegifts@yahoo.com)  
Please put in the subject line *Attention Volunteer Coordinator*
- Legacy Village Assisted Living** 330 E. 1400 Logan, Utah  
Please contact Angel 755-2877
- Child and Family Support Center** 380 W 1400 N Logan, Utah  
Volunteers needed for nursery and / or maintenance
- Common Ground** 335 N 100 E Logan, Utah
- Aggies for Common Ground** contact Rachael Sent @ [aggies4cg@gmail.com](mailto:aggies4cg@gmail.com)
- Options for Independence** 1095 N Main St. Logan, UT.
- Volunteer Center** 442 N 175 E. Logan, Utah
- Church Activities**
- School Activities**
- Charity Organizations**

All volunteer hours must be **pre-approved** and signed by the supervisor over that event or activity, and turned into the Women's Center **BEFORE** you begin your volunteer hours. Remember you need to complete 10 hours per semester.

[Please return this Volunteer Requirement List with your choices no later than the end of the second week of classes. Thanks!](#)

## Pre-approval of Off Campus Volunteer Hours

This form **MUST BE COMPLETED BEFORE** you begin your volunteer hours.

Semester:                      Fall \_\_\_\_\_                      Spring \_\_\_\_\_  
(You may complete hours at the same facility for both semesters.)

Student Name \_\_\_\_\_ A# \_\_\_\_\_

E-mail \_\_\_\_\_ Preferred Phone # \_\_\_\_\_

Location of Volunteer Hours \_\_\_\_\_

Expected Hours Per Week \_\_\_\_\_

Supervisor \_\_\_\_\_

Contact Information for Supervisor \_\_\_\_\_

EMAIL AND PHONE

Expected Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approval by WRC Representative \_\_\_\_\_

Date: \_\_\_\_\_

*I understand and agree that I will not be paid or receive any University credit for completing these volunteer hours. I further understand and agree that I will not use hours that are required for any other position, agency, or volunteer program for these hours.*

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please keep a copy for your records.**

**FORM #3**  
**OFF CAMPUS VOLUNTEER REQUIREMENTS**  
**HOUR LOG AND VERIFICATION**

**10 hours per semester required**

Student Name \_\_\_\_\_ A# \_\_\_\_\_  
 (Last) ( First)

Email Address \_\_\_\_\_

Location of Volunteer Work: \_\_\_\_\_

Supervisor's Name and Contact Information: \_\_\_\_\_

Semester \_\_\_\_\_ Fall \_\_\_\_\_ Spring 20\_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals
Week 1								
Week 2								
Week 3								
Week 4								
Week 5								
Week 6								
Week 7								
Week 8								
Week 9								
Week 10								
Week 11								
Week 12								
Week 13								
Week 14								
Week 15								
Week 16								
Totals								

I/We, \_\_\_\_\_ hereby verify that  
 (Agency/Organization/Person)

the above student has completed the hours noted above in our facility during this semester.

Duties included, but were not limited to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Supervisor's Signature

\_\_\_\_\_  
 Date

**MUST BE COMPLETED AND SUBMITTED TO THE WRC BY THE END OF THE LAST WEEK OF FINALS.**