Kleine Center Long-Term Partner Application

Bolded fields indicate required question

Event Name

Event Start Date (mm/dd/yyyy)

Event End Date (mm/dd/yyyy)

Please describe dates and times you are seeking volunteers

Organization Title

Contact Person Name and Title

Contact Person Email

Contact Person cell number

Short Description of Event
This will be used to advertise your event

Physical Address of Event

Describe the jobs that volunteers will do

How many volunteers are you seeking?

List any special requirements or skills needed

Dress Code for Event

Describe how you want the volunteers to sign in and sign out

Do you seek volunteers for this event on a term-to-term basis?

- ◯ Yes
- ◯ No

Please check to indicate that you agree to follow the Volunteer Hours Collection Procedure
We ask that you take attendance and promptly submit it to volunteer@knox.edu

- ☐ I agree