## **Kleine Center Short-Term Event Application**

Bolded fields indicate required question

Bolae	a tielas indicate required question
Event Name	
Event Date (mm/dd/yyyy)	
Start Time  Please choose the time volunteers s	hould arrive
End Time  Please choose the time volunteers w	vill be able to leave
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 e	vent
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