

Massachusetts Volunteer Request Form

To be used for organizations, agencies, partners, etc. requesting volunteers.

Description	
Description of event:	

Requesting Agency Information	
Date of Request:	
Requestor's name:	
Requestor's agency, organization, etc.	
Requestor's telephone:	
Requestor's email (required):	

Site/Event Information	
Date(s) of event:	
Address/Location:	
Point of Contact at Site:	Phone Number:
Type of event? (Vaccination clinic, testing site, shelter, etc.)	
How quickly are volunteers needed (if applicable)?*	

Volunteer Information	
Description of Volunteer Duties: **Please include specific job descriptions when submitting this form.	
Type of volunteers needed (medical/non-medical)?	
If volunteers will be in a clinical role who is providing medical control for this operation?	
How many of each?	
Professions, licenses & skills needed:	
Date/time/duration of shift(s) and check-in time(s):	
Who do volunteers report to upon arrival?	Phone Number:
Will your organization be scheduling the volunteer shifts and conducting additional outreach upon receipt of volunteer roster?	
Is additional training needed or will it be provided?	
Will PPE be provided?	

Additional info (suggested attire, things to bring - such as meals, ID, credentials, supplies - lodging, transportation, parking, etc.) & other special instructions:	
Directions:	

***Please note: In order to ensure appropriate time to outreach to volunteers, this form must be completed no later than 72 hours prior to the first anticipated shift.**

Upon completion, please submit this form to: maresponds.deployments@mass.gov