



VOLUNTEER POSITION DESCRIPTION

To be completed by requesting program, facility, or CHD/CMS volunteer coordinator.

DATE: _____ SUPERVISOR: _____

POSITION TITLE: _____

LOCATION OF POSITION: _____

TIME COMMITMENT: _____

DURATION OF POSITION: _____

DUTIES: _____

QUALIFICATIONS: _____

TRAINING: _____

WILL THIS POSITION REQUIRE BACKGROUND SCREENING? YES _____ NO _____

CONTACT PERSON

TELEPHONE NUMBER

PROGRAM/FACILITY

ADDRESS

CITY

STATE

ZIP