



May 17, 2007

Dear Manager of Volunteers,

Another action-packed summer of service is almost upon us! We are currently updating our list of summer youth volunteer opportunities and we would like to include your organization on our list. This list will be distributed to more than 100 youth registered with VolunteerLEON Youth Corps and will be available online through our Volunteer Connection.

I would also like to know what we can do to help your agency involve more young people in your programs. If you are interested in finding out how to better involve youth in your organizations service, we have interactive solutions available for you!

Please return the enclosed opportunity submission form to me by Tuesday, May 29th. Feel free to include any additional comments or suggestions that you have. I look forward to working with you and your agency!

Thank You,

Akin Ritchie
Youth Corps Coordinator, VolunteerLEON
RitchieA@leoncountyfl.gov
606-1980

Summer Youth Volunteer Opportunity Submission Form 2007

VolunteerLEON
 918 Railroad Ave.
 Tallahassee, FL
 FAX: (850) 606-1971
 EMAIL: RitchieA@leoncountyfl.gov

In order to effectively market your volunteer opportunities to available youth, it is essential that **all blanks** be completed. Please return by fax, e-mail, or mail. To ensure that your opportunity is included on our list, please return by Tuesday, May 29th.

Volunteer Job Title: _____

Description: _____

Number of volunteers needed: _____ **Flexible?** _____ (Y/N)

Opp. Address: _____ **City:** _____ **Zip:** _____

Contact Name: _____

Title: _____

Primary Phone: _____ **Secondary Phone :** _____

Email: _____

Volunteer Options (Please check all that apply):

- This activity is appropriate for youth volunteers:
 - ___ Age 11
 - ___ Age 12
 - ___ Age 13
 - ___ Age 14
 - ___ Age 15
 - ___ Age 16
 - ___ Age 17
 - ___ Age 18
- ___ Groups are welcome.
- ___ This opportunity is appropriate for family volunteering.
- ___ This activity can be done virtually.
 - ___ Is a computer required?
 - ___ Is internet access required?
- ___ This opportunity is handicap accessible.
- ___ Public transportation is available.
- ___ Court referrals are welcome.
- ___ Service learning applies.

What populations are served by this project? (Select all that apply)

Groups	Disabilities	Age Groups
___ Animals	___ Mobility	___ Infants/Toddlers (0-4)
___ Families	___ Learning	___ Children (5-14)
___ GLBT	___ Cognitive	___ Adolescents (15-18)
___ Ethnic Groups	___ Hearing	___ Young Adults (19-25)
___ Immigrants/Refugees	___ Vision	___ Adults (26-54)
___ Low Income/Public Assistance Recipients	___ Emotional	___ Older Adults (55+)
___ Racial Groups	___ Seizures	

What social issues are addressed by this project? (Select all that apply)

<input type="checkbox"/> Animal Protection & Welfare	<input type="checkbox"/> Education	<input type="checkbox"/> Literacy
<input type="checkbox"/> Arts / Culture	<input type="checkbox"/> Employment / Work	<input type="checkbox"/> Mental Health / Crisis Intervention
<input type="checkbox"/> Civil / Social Action / Advocacy	<input type="checkbox"/> Environment	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Community / Organizational Development	<input type="checkbox"/> Health	<input type="checkbox"/> Recreation
<input type="checkbox"/> Crime / Legal	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Special Events
<input type="checkbox"/> Disaster / Emergency	<input type="checkbox"/> Housing	<input type="checkbox"/> Teen Pregnancy
<input type="checkbox"/> Drug / Alcohol Abuse	<input type="checkbox"/> Human Services	<input type="checkbox"/> Youth Development
	<input type="checkbox"/> Hunger / Nutrition	
	<input type="checkbox"/> Immigration	

Dates and Time

Duration: Long Term (up to one year in length, continues beyond summer)
 Summer Only (LCS students are out May 25th and return August 20th)
 One Time (up to 31 days in length)

Start Date: ___/___/___ **End Date:** ___/___/___

Day(s) of Week: ___ Sun ___ Mon ___ Tues ___ Wed ___ Thu ___ Fri ___ Sat

 ___ M ___ M ___ M ___ M ___ M ___ M ___ M

 ___ A ___ A ___ A ___ A ___ A ___ A ___ A

 ___ E ___ E ___ E ___ E ___ E ___ E ___ E

KEY: (M)orning (A)fternoon (E)vening

Time Details:

Hours needed per instance: _____ Flexible?

Comments:

Completed by: _____ Title: _____ Date: _____

Send to:
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