



Suffolk's Organization for Uplifting Lives through Service
S.O.U.L.S. Community Service Center
Donahue Building
Room 409
41 Temple Street
Boston, MA 02114
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SOULS@acad.suffolk.edu

Fill out this form, and The S.O.U.L.S. Community Service Center will share this volunteer opportunity with the Suffolk Community. This is a great way to spread the word about ongoing volunteer opportunities, and one time needs.

VOLUNTEER OPPORTUNITY FORM

NAME OF COMMUNITY PARTNER: _____

CONTACT PERSON (Volunteer Coordinator): _____

ADDRESS (of Community Partner):

PHONE NUMBER:() _____ FAX:() _____

EMAIL ADDRESS: _____ WEB ADDRESS: Http:// _____

**BELOW, PLEASE LIST THE EVENTS YOU WOULD LIKE TO PUBLICIZE:
(Please use this format. If you have more than one event, please use an additional sheet of paper)**

EVENT:
EVENT DESCRIPTION:
VOLUNTEERS NEEDED:
DATE:
TIME:
LOCATION OF EVENT:
CONTACT NAME/NUMBER FOR MORE INFORMATION:

WOULD YOU LIKE TO BE CONTACTED ABOUT S.O.U.L.S. EVENTS
THROUGHOUT THE YEAR? _____
If yes, how would you like to be contacted _____
WOULD YOU LIKE TO BE PLACED ON OUR EMAIL DISTRIBUTION LIST? _____

**THANK YOU FOR TAKING TIME OUT TO SHOW YOUR SUPPORT!
WE APPRECIATE IT GREATLY.**