



**Berkshire MRC/DART
Franklin MRC
Volunteer Request Form**

****EMAIL** completed form to clemoine@wmmrc.org and text Christy Lemoine at 413-539-0129**
 "let her know you've sent it/ was once sent"

Description of event:

Has a MRC Leader been contacted by phone?

Yes No

Requesting Agency Information

Date:
Requestor's name:
Requestor's telephone:
Address:

Event Information

Date:
Address/Location:
Point of Contact at Site: _____ Number: _____
Type of event? <input type="checkbox"/> Shelter <input type="checkbox"/> Emergency <input type="checkbox"/> Event <input type="checkbox"/> Exercise
How quickly is response needed?

Volunteer Information

Type of volunteers needed (medical/non-medical)?
How many of each (if applicable)?
Professions & skills needed:
Are therapy dogs welcome? Yes No
Job Descriptions:
Date/time/duration of shift(s) and check-in time:
Who do volunteers report to? Who will notify his person to expecting MRC volunteers?
Coordinators be in direct contact with person filling out? Yes No
Additional Details (meals, supplies, conditions, parking, etc)