



## Civic Engagement / Volunteerism Request Form

Employee Name:

Nonprofit Name:

Job Title:

Nonprofit Contact Name:

Department:

Nonprofit Contact Phone:

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Volunteer Opportunity Description:

Is this nonprofit part of the City of Roswell's Nonprofit Partnership Program?

Yes

No

Request time off on the following dates & times:

Total number of hours requested:

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*This form must be signed by your supervisor and Human Resources Director prior to your volunteer date.*

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Supervisor Signature

Date

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Human Resources Director

Date

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*My signature below verifies the above volunteer has met the service requirements.*

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Signature of Designated Representative of Charitable Event

Date