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| --- | --- |
| **Event/Project Title:** |  |
| **Date(s)/Time(s):** |  |
| **Staff responsible/Main contact:** |  |
| **Brief description (Please be specific):** |  |
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|  |
| **How many volunteers are needed?** |  |
| **Any additional details:** |  |
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| --- | --- |
| Task | # of volunteers needed for this task |
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| --- | --- |
| **Submission Date\*:** |  |

 \*Must be no less than 2 weeks prior to event

|  |  |
| --- | --- |
|  | **Executive Director Approval** |
|  |  |
|  | **Created on Sign Up Genius** |
|  |  |
|  | **Posted to CMFDL Website** |