



# City of Rio Vista

## Department Volunteer Request Form

Date of Request	
Department	
Contact Name / Phone Number	
Address	
E-mail Address / Fax Number	
Number of volunteers needed	
Date needed to start	
Date job ending	
Time commitment required	
Location of project	
Description of work needed	
Skills required for job	
Transportation	
Additional Information	

- Approved  
 Denied

Return form to:  
Public Works Department or  
kball@ci.rio-vista.ca.us