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**Carver Center for Families (CCF)**

**Volunteer Program Provider Request Form**

A CCF volunteer is an individual that utilizes the CCF space to teach, train or provide a service to community members.  If you are interested in serving in this capacity, please complete the CCF Volunteer Program Provider Request Form below, and submit to Nita Riggins, Director of the Carver Center for Families, [nita.riggins.ccf@starry.org](about:blank). We will notify you as quickly as possible after the Request Form has been reviewed.

|  |  |
| --- | --- |
| **Volunteer Name** |  |
| **Organization Name (if volunteer is associated with an organization)** |  |
| **Volunteer Phone Number & Email Address** |  |
| **Emergency Contact Name & Phone Number** |  |
|  | |
| **Brief Description of Class/Training/Service.**  What type of class/training/service will you bring to the CCF? Please include the target population and number of anticipated participants.  What are your credentials and/or experience related to this? |  |
| **Start Date** |  |
| **End Date** |  |
| **Space and Use.** How much space will you need? How many days per week or month? Hours per day? |  |
| **Alignment.** The mission of the Carver Center for Families is to “…preserve, strengthen, and celebrate families.” How does your class/training/service align with this mission? |  |
| **Impact.** How will your class/training/service benefit the CCF, its participants, and the surrounding community? |  |

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Printed Name

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Signature Date