

TEEN ACADEMY: PUBLIC SERVICE

Volunteer & Service-Learning Request Form

TAPS Program

Please use one form per request for each TAPS participant you request to volunteer in your area.

Description of Job/Project

Department/Division/Section Unit:	
Location:	
Job/Project Title: <input type="checkbox"/> TAPS —	
Job/Project Description & Volunteer Responsibilities: (Please be as specific as possible.)	
Skills/Training needed by participant: (Example: Computer Skills, Foreign Language)	
Skills/Training to be provided by requesting unit:	
Job/ Project Location:	
Days/Times TAPS Volunteer will be needed: [Note: TAPS Program runs from July 6 through July 31, 2009] _____	
Are These Days Flexible? YES <input type="checkbox"/> NO <input type="checkbox"/> Are These Times Flexible? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<u>SUPERVISION MUST BE DIRECT AND IMMEDIATE!</u>	
Supervisor's Name:	Phone #:
Supervisor's Email Address:	

Complete this request for TAPS participant to work within your unit.

Return completed application to:

VolunteerLAKE

Mailing Address: PO Box 7800, Tavares FL 32778

Physical Address: 1300 S Duncan Drive, SR19South, Bldg B, Tavares
352-742-6590

Email Address: hosborne@lakecountyfl.gov

VolunteerLAKE Office Use Only:

TAPS Position approved:		
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