



Request for Volunteer Resources (RVR)

Volunteer Role/Opportunity title	
Number of volunteer resources required <i>List the total amount of volunteers required (If applicable)</i>	
Number of volunteer roles to fill <i>List the amount of volunteer roles to fill (If applicable)</i>	
Name of Volunteer Opportunity Manager/Assignment Supervisor	
Duration of volunteer opportunity (hours, days, months) <i>Examples: 1-3 days, 5 hours or specific timeline 6-8 weeks, 3 days a week.</i>	
Location of Volunteer Opportunity	
Will travel be required for this volunteer opportunity	<input type="checkbox"/> YES <input type="checkbox"/> No
Will the use of personal motor vehicle (PMV) be required to perform this volunteer opportunity <i>If YES, please specify how the PMV will be used and who is being transported. Example: Volunteer Coach transporting athletes.</i>	<input type="checkbox"/> YES <input type="checkbox"/> No
Purpose of volunteer opportunity <i>Insert a short paragraph that describes the overall process of this subject role. How does it contribute to the mission/vision of your business line(s), directorate or national brand of CFMWS.</i>	
Responsibilities/duties of volunteer opportunity <i>Insert a list of responsibilities/duties for this volunteer opportunity.</i>	
Special Equipment required <i>If YES, please list special equipment required to perform subject role. Example: Two-way radio, golf cart, specific protective equipment such as safety glasses, steel toe boots.</i>	<input type="checkbox"/> YES <input type="checkbox"/> No

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CFMWS.ca



Academic, trades or certifications <i>If YES, please indicate academic, trades or certifications required to fulfill subject role.</i>	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
Experience, skills and/or knowledge <i>If YES, please indicate experience, skills and/or knowledge required to fulfill subject role.</i>	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
Security Please indicate what level of security is required to fulfill subject role: PWGSC, Police Check, Vulnerable Sector check, Ministry of Transportation Abstract, or other.	
Technical requirements <i>If YES, please indicate technical equipment required. Example: Computer, mobile device, remote access, wireless headphones.</i>	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
Requestors Information	
First Name:	Last Name:
CFMWS Title:	
CFMWS Division:	
Signature:	Date:mm/dd/yyyy
Request Received by:	Date:mm/dd/yyyy
Draft Volunteer Opportunity approved by:	
Volunteer Opportunity Posted by:	Date:mm/dd/yyyy
Number of applications received:	
Comments/notes:	