

SOS Volunteer Request Form

Please complete the form below and return it to SOS at least one month prior to your volunteer event need. Thank You for supporting the youth of Georgetown County and for considering SOS!

Organization Name: _____ Event to Benefit _____

Date of Event: _____ Place of Event _____

Type of work to be done (please see guidelines): _____

How will this event provide meaning/education to the teen: _____

Number of volunteers needed (please be specific—even numbers are best so friends can sign up together!!) (Also be mindful that volunteers should work a maximum of a 3-hour shift so you may need to divide your event into logical shifts to accommodate this guideline): _____

Time volunteers are needed: (beginning and ending time): _____
Shifts if applicable _____

Special dress requirements of volunteers (i.e long pants, casual): _____

Who will be you adult advisor on-site: _____

Contact person for event planning: _____
Phone: _____ Email _____

SOS Contact: Steve Roff or Linda Drayton
Service Over Self
PO Box 1057/ 2018 Church Street
Georgetown, SC 29442
Phone: 843-436-7188 Fax: 843-436-7187
Email: lindadraytonsos@aol.com or Steveroffsos@aol.com

Please remember that all volunteer requests must be submitted before the Volunteer Meeting Date one month prior to your event. Thank you!