

**REQUEST FOR VOLUNTEER FUNDS**

Department Requesting Funds: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Individual Submitting Request: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Description of Request**

Provide a complete description of the project for which you are requesting funding (attach additional sheets if necessary) and the benefit if the request is funded:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the population to be served (age, service, inpatient or outpatient, size of patient population, etc.):

\_\_\_\_\_  
\_\_\_\_\_

If you have explored other sources of funding, please explain the status of that request.

\_\_\_\_\_  
\_\_\_\_\_

What will be the impact if this request is not funded?

\_\_\_\_\_  
\_\_\_\_\_

**TOTAL COST:** \_\_\_\_\_ **AMT REQUESTED FROM VOLUNTEER SERVICES:** \_\_\_\_\_

**APPROVAL OF DEPARTMENT CHAIRMAN OR DEPARTMENT HEAD:**

\_\_\_\_\_  
*(required)*

Please submit **typed** form to: Chairperson  
Contributions & Donations Committee  
Volunteer Services, 8025 JCP, UIHC

**If you have questions, please call 356-2515.**

**Requests are reviewed on the second Tuesday of February, May, August and November and officially acted upon by the Volunteer Services Board on the fourth Tuesday of the same months.**

**Please submit your request no later than the first day of the months listed above to be considered.**

**Approved funds not claimed within six months of approval date will be forfeited.**