



# Volunteer Shift Schedule for Special Events

Due 5 weeks before the event. Please use additional sheets if necessary and email completed form to the Special Events Permit Manager.

Event Name \_\_\_\_\_

Event Date \_\_\_\_\_ Event Time \_\_\_\_\_

Volunteer Name	Phone Number During Event	Location	Shift Start Time	Shift End Time	Role(s)/Responsibilities

For Office Use Only

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_ Approved: \_\_\_\_\_