



**VOLUNTEER POSITION DESCRIPTION FORM**

**United Way of Cascade County Retired & Senior Volunteer Program  
417 Central Ave., Suite 402, Great Falls, MT, 59403  
Phone: (406) 727-3400**

Volunteer Workstation: \_\_\_\_\_

Volunteer Supervisor: \_\_\_\_\_

Position Name/Title: \_\_\_\_\_

What Will the Volunteer Be Doing: \_\_\_\_\_

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

Volunteer Qualifications: \_\_\_\_\_

\_\_\_\_\_

Where Will the Volunteer Be Serving: \_\_\_\_\_

When Will the Volunteer Be Serving: \_\_\_\_\_

Length of Commitment: \_\_\_\_\_

Will the Volunteer Receive Any Training: \_\_\_\_\_

Will the Volunteer be Supervised: \_\_\_\_\_

Any Physical Requirements: \_\_\_\_\_

Dress Code for Position: \_\_\_\_\_

How Will the Volunteer Benefit Your Program or What Will Be Their Impact:

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