CHILDREN'S HOSPITAL
& RESEARCH CENTER OAKLAND

OFFICE USE ONLY

Approved/Notified _____

Changed in Schedule _____

Changed in Database _____

Volunteer Communication Form

Schedule Changes or Leaves of Absence

Date_____

Name _____

E-Mail address _____

Home phone ( ) _____ Alternate phone ( ) _____

I am currently volunteering as follows:

Area_____Day(s)_____Shift _____

Area_____Day(s)_____Shift _____

☐ **LEAVE OF ABSENCE (LOA)—**LOA means that you will be absent for 3 or more continuous weeks. For short term absences, please sign out on the Absence/Substitute sheet on the Volunteer bulletin board. Thank you.

I will take a leave of absence from _____to _____.
(mm/dd/yy) (mm/dd/yy)

Please contact the Volunteer Office when you are ready to resume your volunteer services.

Please check box that applies:

☐ **SCHEDULE CHANGE** ☐ **REACTIVATING VOLUNTEER**

I am interested in ☐ changing or ☐ adding the following:

Area_____Day(s)_____Shift _____

and/or

Area_____Day(s)_____Shift _____

Please bring this form to the Volunteer Office or slip it under the door. Once we receive this form, we will contact you as soon as possible to discuss your request. **Please allow at least one week** for confirmation during busy times (holidays, new semester, etc.) Thank you!

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