

Volunteer Request Form

We ask that these request are submitted 30 days or greater to allow for proper planning.

Event Name:

Location:

Street:

City:

State:

Zip Code:

Number of Cadets:

Task/Mission:

Date/Time:

Point of Contact

Name:

Phone Number:

Short Description of Event and parties involved:

Return the completed form to Rotc@southeastern.edu

Reviewer: _____ Approved/ Not Approved:

Reason: _____