

Confirmation of Volunteer Placement by Agency

To the Customer Service Manager, Volunteering ACT,

This is to confirm that a volunteer, referred to us by Volunteering ACT, has been placed in our organisation.

Organisation name: _____

Volunteer's Name (optional): _____

Job Title: _____ **Position ID:** _____

Do you wish for this job to remain active on our system? Yes / No (please circle)

Volunteer Manager: _____ **Date:** _____
(Signature)

This information will only be used for administration and statistical purposes. We thank you for taking the time to return this sheet to us.

Customer Service Manager, Volunteering ACT

Please return to:

Volunteering ACT, Referral Manager, PO Box 48. Belconnen, ACT, 2616, or
Fax: (02) 6251 4161

For further enquiries please phone: (02) 6251 4060

Volunteering ACT are interested in any thoughts you have on our services. Please make comment on the bottom of this sheet.

Comments:
