

SERVICE LEADER PROJECT REQUEST

NAME OF SERVICE LEADER:
NAME OF SERVICE ACTIVITY:
DATE OF THE EVENT:
DESCRIPTION OF THE EVENT:
CONTACT NUMBER/E-MAIL TO BE LISTED:
NUMBER OF VOLUNTEER SLOTS:
SPECIFIC AGE GROUP REQUESTED:
EVENT LOCATION ADDRESS:
TIME FRAME OF EVENT:
PICK-UP LOCATION:
DROP-OFF LOCATION (IF DIFFERENT):
METHOD OF TRANSPORTATION:
NUMBER OF DRIVERS NEEDED:
PERMISSION SLIP REQUIRED: YES
SPECIAL NOTATIONS: (CLOSE-TOED SHOES, BRING WORK GLOVES, DRESS IN LAYERS, ETC.)
RSVP BY DATE:

OFFICE USE ONLY

DATE RECEIVED:

POST DATE:

NUMBER OF ACTUAL PARTICIPANTS:

RESPONSE:

NOTES:

