



## Agency Information

Project Contact (Name: First & Last) \_\_\_\_\_

Organization / Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## Project Information

Project Name \_\_\_\_\_ Est. Start Time \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Project Description

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

## Volunteer Request

Number of Volunteers Required: \_\_\_\_\_ Special Skills Required: \_\_\_\_\_

What materials / supplies will your agency provide? \_\_\_\_\_

What materials / supplies should volunteers need to provide? \_\_\_\_\_

Will your agency provide liability insurance to cover volunteers?  Yes  No

Do you have restrictions regarding media, photos, and/or video being taken inside your agency?

Yes  No If yes, please describe: \_\_\_\_\_

## Agency Drive Request

My agency needs the following items \_\_\_\_\_

## Drive Item Collection

My agency will pick up the collected items

Yes  No

My agency will need items delivered to our location:

Yes  No