

CORPORATE VOLUNTEER COUNCIL OF RACINE

GROUP PROJECT VOLUNTEER REQUEST FORM

ONE FORM PER GROUP PROJECT

(Please Print or Type)

Application Date: _____

Agency Name: _____

Address: _____

Contact Person(s): _____ Phone# _____

Project Coordinator: _____ Phone# _____

Briefly describe the project and its purpose: _____

Anticipated project date(s): _____ Are these dates flexible? _____

Times: _____ Location: _____

Number of volunteers needed: _____ Is this project appropriate for families? _____

Minimum age of volunteer: _____

Briefly describe the types of volunteer jobs: _____

Skills needed to accomplish the project: _____

Will supplies and materials be provided? _____

If no, how would you hope for the materials to be supplied? _____

Type of orientation provided: _____

What type of insurance coverage is provided in case of an accident? _____

Return Form To:
Corporate Volunteer Council of Racine
c/o
RAMAC
300 Fifth Street
Racine, WI 53403
(262) 634-1931