

School Year Request for an Organized Group of Volunteers

(Use for requesting assistance with one-time or occasional projects)

Date: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Telephone: _____ Ext.: _____ Fax: _____

Email Address: _____

Volunteer Job/Project: _____

Location of Job/ Project: _____

Description of Opportunity: _____

On-Going Opportunity One Time Opportunity Project Begins _____
Project Ends _____

Population Served _____

Minimum Age _____ Requested Group Size Min.: _____ Max: _____

Orientation Provided Y/N Training Provided Y/N Time _____ - _____

Lunch Provided Y/N (if yes, please explain) _____

Snack Provided Y/N (if yes, please explain) _____

Materials Needed: _____

Volunteer Benefits/Additional Information _____

Please Return this form to : YAC
c/o St. Joseph Youth Alliance
625 Francis St.
St. Joseph, Mo. 64501
816-232-0050 p. 816-390-8536 f.

Questions? ashleyc@youth-alliance.org