

Agency Project Request Form



To submit your project request/s for **Hands Across the County**, please fill in the desired project date/s below and return the completed form at least one month prior to the project date to:



Hands Across
The County



The Volunteer Center,
153 Stony Circle, Suite 100, Santa Rosa, CA 95401,
or FAX to us at 707/573-3380.

Project date: _____
(Please check website for current project dates)

Name of Organization/School :

Address and Zip Code

Contact Person/s

Telephone #: _____ **Cell phone #:** _____

FAX #: _____ **Email** _____

Describe the project /s you would like to accomplish:

Number of projects _____ Estimated # of Volunteers needed per project _____

Appropriate age group: Under 12 12-18 19-54 55+ (Check all that apply)

Please list any special skills, tools, or clothing that the volunteer needs in order to contribute: _____

Is the location wheelchair accessible? yes no

Questions? Contact Maureen Cecil at 707/573-3399 X125 FAX: 707/573-3380
Email: mcecil@volunteernow.org

Project Descriptions

Project Month: _____

Project Location:

Directions to Location:

Project Description:

Project Month: _____

Project Location:

Directions to Location:

Project Description:

**You may hold as many "HANDS" events as you wish.
For multiple projects, please copy this page, fill out and return to the Volunteer Center .**