



Heart At Work !

Volunteer Organization Form

Organization Information

Name of Organization: _____

Address: _____

Contact Name: _____

Contact Phone: _____ Contact Email: _____

Brief description of your organization's **mission and purpose**:

Brief description of how your organization benefits the community or citizens of Adams County:

Project Information

Volunteers requested for the following:

Ongoing Contribution: _____

Description of Volunteer Activity:

Project Completion (*Please provide the information below.*):

Proposed Project Date/Time(s): _____

(Proposal must be submitted 45 days in advance of project date to be selected as a featured "Heart-at-Work" day.)

Project Completion Time: _____

(Projects must be completed within a four- or eight-hour time increment.)

Name of Proposed Project: _____

Proposed Project Address: _____

Number of Volunteers Needed: _____

Please describe any special project requirements:

Heavy Lifting: _____

Special Equipment Required: _____

Special Skills Required: _____

Appropriate Attire: _____

(e.g., work gloves, closed-toe shoes, etc.)