

Adult Contact Information

Please see <http://handsonphoenix.org/AboutUs/index.php/youthvolunteers.html> for guidelines on adult supervision requirements for youth groups.

First _____ Last _____ Relationship to Group _____

Mailing Address:

Street _____ City _____ State & Zip Code _____

Home Phone: _____ Cell Phone: _____

Email: _____

Project Request Information:

What date(s) is your group available to volunteer?

What time of day would you like to volunteer?

How many hours would you like to volunteer?

Do you have a budget for this volunteer project? If so, how much?

Are there any volunteers with special needs who will participate? If so, explain.

Project Interests

What kind of volunteer project is your group interested in pursuing?

Children

Environmental

Homelessness/Hunger

Sports

Literacy

Renovation & Beautification

HIV/AIDS

Senior Citizens

People with disabilities

Submit your completed application to:

sharifa@handsonphoenix.org or call 602.973.2212 ext. 239

HandsOn Greater Phoenix
5151 N. 19th Ave Suite 200
Phoenix, AZ 85015
Tel: 602.973.2212 Fax: 602.973.9233