



One-Time Volunteer Event Proposal

Please briefly describe your organization: _____

What types of services or skills would your group provide? _____

Please select the top three programs you would be interested in partnering with-

- | | |
|---|--|
| <input type="checkbox"/> Adoption Support Services | <input type="checkbox"/> Community Assessment Team |
| <input type="checkbox"/> Counseling Cove | <input type="checkbox"/> Family Resource Center |
| <input type="checkbox"/> Foster Care (Resource Family Agency) | <input type="checkbox"/> HERE Now |
| <input type="checkbox"/> I CARE | <input type="checkbox"/> Independent Living Skills (ILS) |
| <input type="checkbox"/> Our Safe Place | <input type="checkbox"/> STARS |
| <input type="checkbox"/> STARS | <input type="checkbox"/> TAY Academy |
| <input type="checkbox"/> Take Wing | <input type="checkbox"/> Transitional Housing Program |
| <input type="checkbox"/> Volunteer Engagement | <input type="checkbox"/> Youth Emergency Shelter |

Describe the event you would like to propose: _____

Potential Dates and Time: _____

of Volunteers in Group (Must be 18 years or older): _____

Please describe any additional programming needs (Venue, program materials, technology, etc) :

