



MLK 2010: WEEKEND OF SERVICE

**2009-2010
Volunteer Request Form
One-Time Project Request**

*Instructions: This form is to be filled out by an approved non-profit partner of Pittsburgh Cares to host a group of volunteers for service project(s). A completed form **MUST be submitted at least TWO WEEKS prior to the project start date** for Pittsburgh Cares to post it. Only completed forms will be processed. Please type or PRINT legibly. Thank you for providing this opportunity to Pittsburgh volunteers!*

**** If you are writing to submit additional dates or changes to an EXISTING project (previously posted on the Pittsburgh Cares website), you are only required to fill out the sections in the boxes below. If the project is NEW to Pittsburgh Cares, fill out ALL sections.)**

Organization Name _____ Agency Telephone (_____) _____

Project Title _____

Project Address _____ City _____ Zip _____ Neighborhood _____

Project Coordinator _____ Coordinator Cell Number (_____) _____

Coordinator Title _____ Coordinator E-mail Address _____

Agency Fax (_____) _____ Agency Web site _____

ONE-TIME PROJECTS: This type of project allows volunteers to sign up to serve one time. One-time projects may be recurring but ALWAYS occur at the SAME LOCATION. A separate one-time form must be filled out for each different location. Each project occurrence must have a specific date and time outlined below. Most requests fall under this one-time category.

Project Description (EXACTLY as you would like it to appear in the calendar, including special instructions such as security check-in, special skills):



ATTACH DIRECTIONS!! Pittsburgh Cares cannot post this project until proper directions are received from the agency.

Project Date	Start Time	End Time	Project Coordinator *	Min/Max # Volunteers	Minimum AGE of Volunteers	Family-Friendly? **
___/___/___	___:___	___:___	_____	___/___	_____	_____
___/___/___	___:___	___:___	_____	___/___	_____	_____
___/___/___	___:___	___:___	_____	___/___	_____	_____

* If different than Project Coordinator listed at the top, please note new coordinator's information below.
 ** Children under 12 may attend with a parent or guardian. Please enter Yes or No.

Other Project Coordinator _____ Coordinator Cell Number (_____) _____

Coordinator Title _____ Coordinator E-mail Address _____

By signing, you agree to honor the dates, times, and details of this project as listed on this form. Furthermore, you agree to notify the Pittsburgh Cares office of any changes to the information you have submitted here, **at least 7 days prior to the project.**

Signature of Contact Person _____ Printed Name of Contact Person _____ Date _____

Submit Completed Forms to:
 Mail: Pittsburgh Cares, 239 Fourth Ave., Suite 1007, Pittsburgh, PA 15222
 Fax (no cover sheet): Peter Riesbeck, (412) 456-2212, or Email: priesbeck@pittsburghcares.org.