

**NOVEC HELPS EIN # 27-2962624**

**REQUEST FOR VOLUNTEERS**

***And Fundraising Activities, or***

***Financial Support***

**NOVEC HELPS**

***10432 Balls Ford Rd., Suite 220, Manassas, VA 20109***

***Request are reviewed by the NOVEC HELPS BOARD OF DIRECTORS***

Agency Name: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Project: \_\_\_\_\_ Time: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Deadline Date \_\_\_\_\_

Agency 501 (c) (3) #: \_\_\_\_\_ Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

NOVEC employee involved with agency: \_\_\_\_\_

NOVEC EMPLOYEE SUBMITTED:  (check box if submitted by employee)

Name of employee: \_\_\_\_\_

Brief description of proposed volunteer activity, including # of volunteers needed, location of activity, and resources needed: (descriptive info may be attached)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you requesting financial aid from NOVEC HELPS? \_\_\_\_\_ Amount: \_\_\_\_\_

If yes, deadline date for sponsorship or financial donation: \_\_\_\_\_

Are you requesting in-kind assistance? \_\_\_\_\_ If yes, type: \_\_\_\_\_

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What difference will this volunteer activity make to your agency? To the community? (Be specific)

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**MAIL COMPLETED FORM TO NOVEC HELPS ADDRESS ABOVE:**

**For HELPS Steering Committee use only**

**Accepted** \_\_\_\_\_ **Reason** \_\_\_\_\_ **Donation Amount:** \_\_\_\_\_

**Project Coordinator:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Declined:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

**Agency Contacted By:** \_\_\_\_\_ **Date:** \_\_\_\_\_