

**REQUEST FOR VOLUNTEERS
NOVEC HELPS TEAM**

Request are reviewed by the NOVEC HELPS STEERING COMMITTEE

Agency Name: _____

Contact Person and Title: _____

Contact Phone: _____ Cellular Phone: _____ Fax #: _____

E-mail: _____ Date of Project: _____

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)

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 in addition to volunteer request from NOVEC? _____

If yes, deadline date for sponsorship: _____

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

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

For HELPS Steering Committee use only

Accepted _____ Reason _____

Project Coordinator: _____

Work Phone: _____ Cell Phone: _____ Fax: _____

Declined: _____ Reason: _____

Agency Contacted By: _____ Date: _____