**SERVICE PROJECT REQUEST FORM**

**Organization’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of application: \_\_\_\_\_\_\_\_\_\_**

**Contact Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of volunteers needed: \_\_\_\_\_\_\_\_\_**

**Where would you like the service project to be located?**

Desired issue(s) you would like your service project to be focused on? (check all that apply)

Community Development Health & Wellness Hunger & Nutrition

Environmental Alcoholism/drug abuse Aging & Seniors

Disability Education & Schools Poverty & Homelessness

 Animal assistance Gender Issues Other

**Please describe project:**

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How long will the project take? \_\_\_\_\_\_\_\_\_

Is your group providing the supplies? yes no

If not, please list the supplies you need in order to complete your project.

Please submit form to:

 Melissa Bratton

 P.O. Box 320

 Greenville, MO 63944

Please allow at least one month for our club to consider your service project.

**For office use only**

Date received \_\_\_\_\_\_\_\_\_\_\_\_\_ Date reviewed \_\_\_\_\_\_\_\_\_Reviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved \_\_\_\_\_ yes \_\_\_\_\_\_ no If not, please provide reason below.

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