



Student Council Community Service

2018-2019 Project Request Form

Organization Name: _____

Organization Address: _____

Contact Person: _____

Contact Phone: _____ Contact Email: _____

Description of Project (Please be very specific):

[Empty box for project description]

Will we working with a special populations group? (Please mark all that apply)

Special needs adults and/or children Elderly Young children N/A

Other: _____

Are any special skills required? (Please be specific) Yes No

[Empty box for special skills]

Schedule:

Single event: Date: _____ Time: _____

Recurring Event: Weekly Bi-weekly Monthly Other: _____

Beginning date: _____ Ending date: _____

Flexible (Based on availability of volunteers)

Background check required? Yes No

Driver's license required? Yes No

Are there any age requirements for the requested volunteer staff? Yes No Minimum age: _____

Number of volunteers requested (Be specific regarding details for scheduling of volunteer staff.):

Mail or Email form to: *Plainview High School*

Attn: STUCO Volunteer Request

1501 Quincy Street

Plainview, Texas 79072

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