



REHOBOTH BEACH VILLAGE IMPROVEMENT ASSOCIATION
415 NORTH BOARDWALK, P.O. BOX 144 REHOBOTH BEACH,
DE 19971
302-227-1631
PRESIDENT KATE MCKENZIE mckenziestate@comcast.net

APPLICATION FOR VOLUNTEER SERVICES

APPLICATION DATE _____

DATE(S) OF EVENT _____ TIME(S) _____

LOCATION OF EVENT _____

ABOUT YOU:

NAME OF ORGANIZATION OR GROUP

STREET ADDRESS

CITY, STATE AND ZIP CODE

CONTACT NAME, PHONE AND EMAIL

BRIEF OVERVIEW OF ORGANIZATION. INCLUDE MISSION AND POPULATION SERVED

ARE YOU A 501 NON-PROFIT ORGANIZATION? _____ YES _____ NO

ABOUT YOUR PROGRAM OR PROJECT:

PROJECT OR PROGRAM FOR WHICH YOU ARE REQUESTING HELP

BRIEF DISCRIPTION OF OTHER GROUPS PARTNERING WITH THIS EVENT

IS THIS A PUBLIC SERVICE _____ OR FUNDRAISING INITIATIVE _____ ?

GOALS AND OBJECTIVES

WHO ARE THE BENEFICIARIES FROM THIS PROGRAM?

DUTIES OF VOLUNTEERS:

	Volunteer Duties	Number of Volunteers needed	Hours Needed Per Duty
1			
2			
3			
4			
5			

You may include any additional information below:

SIGNATURE OF APPLICANT

Signature

date

PLEASE COMPLETE AND SEND TO:

PRESIDENT KATE MCKENZIE mckenziekate@comcast.net