## **GROUP PROJECT INTAKE FORM**



His House recognizes the importance of establishing strong relationships with community partners in order to create opportunities to serve, while meeting the needs of the organization. To get started, please complete the form below.

CONTACT INFORMATION			
Company/Organization/Ministry Name			
Contact Person's Informat	ion		
Name		Title	
Address			
Phone	Fax	Email	
GROUP INFORMATION & QUESTIONNAIRE			
How did you hear about His House Children's Home?			
What is your company/Organization/Ministry Mission statement?			
Company/Organization/Ministry Information (if different than above):			
Address			
Phone	Fax	Website	
GROUP INFORMATION & QUESTIONNAIRE			
What is your role in your company/organization/ministry's volunteering efforts?			
Goals for Volunteerism: \	What do you hope to achie	ve (goal) in this project?	

Last revised on 2/04/2021

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If a project or date has already been determined with our office, please provide details including expected completion date and budget (if applicable):		
How many people	do you expect to participate?	
Is there a specific o	date or time of the week you would prefer?	
<del>-</del> •	nteer work most interests you? Please check the types of projects you would n from the list below:	
Service Projects		
Cottage make	Support Intake team in the Distribution Center	
Painting	Other (please explain):	
Organization		
•	with a sample timeline for your project. Include due dates for items such as I the first proposal submitted date of site visit and project date options.	
DATE	ITEM	
Goals for Voluntee	erism: What do you hope to achieve (goal) in this project?	

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Please return your intake form via email to Adrienne: ASimeon@hhch.org