



2019 Group Project/Tour Request

We would like: To Volunteer _____ A Tour _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone: _____ Cell: _____

Email: _____

Projected Number of Adults _____ Youth (11-17 only) _____

Preferred Days: Weekday _____ Saturday _____

Preferred Dates: _____ 1st choice Timeframe(s): ___ 9a-12p ___ 1-4p ___ 10am-3pm

_____ 2nd choice

_____ 3rd choice

Are you interested in volunteering one time ___ or on a recurring basis ___?

Preferred Location (please rank): *Detailed descriptions of each location can be found at www.citybloom.org*

Outdoor Learning Center (up to 20 vols) _____ Hawthorne Ave Farm _____

School Garden _____

What is the budget (for supplies, plants, gloves, etc.) for this day? _____

What are your goals for this day? _____

Occasionally we have projects that require special skills. Please check any special skills you or your team have:

Light carpentry ___ painting ___ planting ___ pruning ___ harvesting ___ art project _____

Please submit to Michele at mrobinson@citybloom.org

Date Rec'd/Initials: