



ELDER-AID

Serving the Brazos Valley since 1990

GROUP PROJECT REQUEST

Date: _____

Name of Organization: _____

Group Leader: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Possible Volunteer Opportunities (Check all that apply):

Clerical Minor Home Repair Transportation

Marketing Mowing Light Housekeeping

Fundraising & PR Weed Eating Home Visits

Phone Buddy Other: _____

Are you interesting in a one time activity or on-going project? _____

Do you have a specific date(s) in mind? _____

How many hours are you planning for this activity or project? _____

How many people will be involved? _____

Who is your faculty advisor? _____

Will your faculty advisor participate in this activity with you? _____

Does anyone in your group have home repair skills? _____

If so, what type of skills? _____