



# HANDS AT WORK™ Corporate Employee Project Worksheet

Return completed form to Vangie Garza, via fax at 214-821-8716 or email to [vgarza@vcnt.org](mailto:vgarza@vcnt.org).

## COMPANY INFORMATION:

Date of Submission:	
Company Name:	Contact Person/Position:
Address, City, State, ZIP	
Business Phone Number: Cell Number:	Email:
Secondary Contact Person/Position:	Business Phone Number: Cell Phone Number:
Email:	

## HANDS AT WORK SERVICE LEVELS (circle one):

•Matching   •MatchingPlus   •Day of Management   •Day of Management – Corporate Partners Only

## PROJECT INFORMATION:

(Please list project preference: painting, landscaping, building, assembly, other; list details).

Proposed project date and time (early hours are recommended during the summer):	Type of project or preference:  Outcome (when all is said and done, what would you have wanted to accomplish):
1)Preferred impact area/cause and 2)Outcome or expectation:	Preferred location (circle one):  On site (client's company)   Off site (agency/school)
Lunch/refreshment (circle one; separate from service fee; will be invoiced separately):  Yes   No	Do you have a supply budget (circle one; separate from Service Fee; will be invoiced separately):  Yes   No   Approx. amount: \$
Arrange for transportation (circle one; separate from service fee; will be invoiced separately):  Yes   No	Public relations assistance (circle one):  Yes   No
Number of employee volunteers:	Preferred registration method (circle one): •VCNT online registration site •Company has own registration site

## DAY OF SERVICE PROJECT LEADER TRAINING:

Day of service leader training required; please give three dates (training must be held one to two weeks before the event):

Training location (circle one): VCNT   Company	Number of project leaders (up to 50):
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## VCNT USE ONLY:

Service fee:	Supply budget:
Supplies to be ordered (circle one):   Yes   No	Other notes: