



## Group Service Project Request Form

Please return completed form to Prevail Inc

Attn: Michelle Moen

1100 S. 9<sup>th</sup> Street, Suite 100 Noblesville, IN 46060

mmoen@prevailinc.com

**PLEASE PRINT IN INK.**

**GROUP NAME:**

Student, Organization or Community Affiliation

**GROUP CONTACT PERSON**

**NAME:**

Last

First

Middle

Suffix

**MAILING ADDRESS:**

Street

Apt/Unit or PO Box

City

State

Zip Code

**HOME NUMBER: ( )**

**CELL PHONE NUMBER: ( )**

**E-MAIL ADDRESS:**

**What is the best way to contact you:**

Home Phone

Cell Phone

Email

**APPROXIMATE NUMBER OF PEOPLE IN YOUR VOLUNTEER GROUP:**

**GROUP DEMOGRAPHICS (CHECK ALL THAT APPLY):**

YOUTH (12 years & Under)

TEENS (13-17 years)

COLLEGE STUDENTS

ADULTS

**Project Application acceptance is based on current agency needs.**

**Prevail thanks YOU for your support.**

## Project Details

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**Project Proposal:**

**Project Supplies Your Group is Providing:**

**First Choice Date:**  
**Prevail requests at least 6 weeks' notice to coordinate your group**

**Second Choice Date:**

**Preferred Time:**  
**We recommend a 3-4 hour shift.**

**Coordination Deadline:**  
**When would you prefer to have the details regarding your project finalized?**

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