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| **Tell Us About Your Volunteer Opportunity!** |
| **Organization Name:** |  |
| **Address:** |  |
| **City, State, Zip:** |  |
| **Contact Name:** |  |
| **Contact email:** |  |
| **Contact phone number:** |  |
| **Website address:** |  |
| **Project Summary** |
| **Project Name:** |  |
| **Project Description:** |  |
| **Volunteer Responsibilities (Please be specific):** |  |
| **Number of Volunteers Needed:** |  |
| **Special Skills/Training/Experience:** |  |
| **Type of Activity:** | **Select One:**  **Administrative/Clerical**  **Food/Nutrition**   **Animals/Environment**  **Health/Wellness**   **Arts/Culture**  **Holiday Project**  **Children/Family**  **Other (description)**  **Disaster Relief \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Education \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Days and Times Volunteers Needed (Please include shifts if available):** |  |

***Please attach any additional instructions, driving/parking directions or other important volunteer information and email this form to: THRCommunityAffairs@texashealth.org.***