



VOLUNTEER VENTURES
a program of the Volunteer Center of Bergen County
64 Passaic Street, Hackensack, NJ 07601
Phone: (201) 489-9454 Fax: (201) 489-1995
e-mail: ventures@bergenvolunteers.org

EVENING/WEEKEND GROUP PROJECT FORM

- Please keep blank copies of this form for future use or visit our website to access form and complete online.
- Submit Project Form no later than the 3rd week of *the month prior to* your event. If faxing, please confirm receipt.
- You will be notified of the volunteers who signed up for your project immediately following the monthly Ventures meetings held on the 1st Tuesday of each month. *Please note every effort is made to ensure volunteers for your event, however, volunteer sign-up is not guaranteed for every event.*

Agency Name: _____

Contact Person: _____

Phone Number: _____

E-Mail Address: _____

Project Description: (Include exactly what you need volunteers to do.)

Date of Project: _____

Start Time: _____

End Time: _____

Location of Project: _____

Number of Volunteers Needed: _____

Other Details: _____

www.bergenvolunteers.org



Partners in providing volunteer services