



Service projects are a great way to build teamwork in a group while also doing something meaningful for a local cause and building community bonds.

Service Project Application

Date: _____

Contact Name: _____ Phone: _____

Email: _____ Best Time and Way to Contact: _____

Organization/Group: _____ County: _____

Please mark all service project opportunities you may be interested in:

These will be discussed in greater detail with the Volunteer Coordinator. Multiple projects are often combined to fit the number of people participating.

- Painting & Refinishing
- Donation Drive (for needed materials like hygiene products, socks, etc.)
- Yard Maintenance & Gutter Cleaning
- Street Outreach
- Mentoring (one year commitment)
- General Cleaning
 - Powerwashing
 - Deep Cleaning
 - Basement Cleaning
- Building furniture (picnic tables, lawn chairs, desks, tables)
- Awareness Campaign (distributing materials, hosting awareness events, downtown chalking)
- Renovations
- Other? _____

Please leave blank - For office use only

Date Contacted: _____ Approved: _____

Date(s) Requested: _____

Scheduled For: _____ Preferred County: _____

Site Supervisors Involved: _____

Confidentiality Required

Comments:

Please tell us a little more about your group:

What times are you available to work on the project? *(Please mark below)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the size of the group? _____ What is the age range of the group? _____

Is there a deadline or range of dates for completing the project? _____

Is your group looking to finish the project in one day or multiple? _____

Is your group willing to engage in physical activity? _____
(painting, yard maintenance, basement cleaning, etc.)

Has your group done a service project with Jackson Street previously? _____

How did you hear about Jackson Street?

Why are you interested in a service project with the Jackson Street? Do you have a specific project in mind?

Does your group have a service or specific talent that you are interested in sharing with Jackson Street?

Is your group able to provide resources (tools, materials, funding) for the project?

Other Comments:

Please complete and return to Jackson Street Youth Services, PO Box 1984, Albany, OR 97321
Questions? Contact via email: volunteer@jacksonstreet.org

"I volunteer to be of service to our community, and to try to make it a better place. Youth are our future, and Jackson Street is a way to provide help to those who might otherwise not get it." – Current Jackson Street Volunteer