



# Wheeling Jesuit University Short-Term Service Project Form

Agency \_\_\_\_\_

Project Title \_\_\_\_\_

Project Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Beginning Date \_\_\_\_\_ End Date \_\_\_\_\_ Time of day \_\_\_\_\_ Deadline for Sign up \_\_\_\_\_

Volunteer Title \_\_\_\_\_ Number of students needed \_\_\_\_\_

Project Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service Category(s): *Check all that apply*

\_\_\_\_\_ Animal Care

\_\_\_\_\_ Computers

\_\_\_\_\_ Fundraising

\_\_\_\_\_ Mentoring

\_\_\_\_\_ Storytelling

Other \_\_\_\_\_

\_\_\_\_\_ Blood Drive

\_\_\_\_\_ Clothing (Sorting)

\_\_\_\_\_ Instruction

\_\_\_\_\_ Painting

\_\_\_\_\_ Transportation

Other \_\_\_\_\_

\_\_\_\_\_ Clean Up

\_\_\_\_\_ Food Distribution

\_\_\_\_\_ Literature Distribution

\_\_\_\_\_ Phone bank

\_\_\_\_\_ Voter Registration

Other \_\_\_\_\_

Will students have direct contact with your clients? Yes or No

Are there any tools or appropriate clothing needed? \_\_\_\_\_  
\_\_\_\_\_

Will there be an Orientation for Volunteers? Yes or No

Skills needed for this project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form to Erin McDonald, Assistant Director, Service for Social Action Center @ 316 Washington Ave. Wheeling, WV.26003 or fax to 243-6244. If you have any questions please call 243-8728. Thank you!