



New York Civic Engagement Service Day Request Form

Organization Type: School Community Center Shelter Health Clinic Recreation Center
 Community Garden Park Other: _____

Organization: _____

Address Line One: _____

Address Line Two: _____

Borough/Neighborhood _____ ZIP: _____

Contact Person: _____ Position: _____

Phone: _____ Email: _____

Please Describe the project(s) you would like to be completed at the Service Day:

Which days of the week are you most open to a service day?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time of day is most open for an event with your organization?

Morning (9am-1pm) Midday (10am-2pm) Afternoon (12pm-4pm) Other: _____

If your project is outdoors, do you have space to accommodate volunteers in the event of rain? Yes Alternative:

Do you have space for City Year to store supplies and materials prior to the event? Yes Alternative:
