



**REHOBOTH BEACH VILLAGE IMPROVEMENT ASSOCIATION**  
415 NORTH BOARDWALK, P.O. BOX 144 REHOBOTH BEACH,  
DE 19971

302-227-1631

*PRESIDENT* MARTI BADILA [martibadila@gmail.com](mailto:martibadila@gmail.com)

### **APPLICATION FOR VOLUNTEER SERVICES**

APPLICATION DATE \_\_\_\_\_

DATE(S) OF EVENT \_\_\_\_\_ TIME(S) \_\_\_\_\_

LOCATION OF EVENT \_\_\_\_\_

#### **ABOUT YOU:**

**NAME OF ORGANIZATION OR GROUP**

**STREET ADDRESS**

**CITY, STATE AND ZIP CODE**

**CONTACT NAME, PHONE AND EMAIL**

**BRIEF OVERVIEW OF ORGANIZATION. INCLUDE MISSION AND POPULATION SERVED**

**ARE YOU A 501 NON-PROFIT ORGANIZATION?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**ABOUT YOUR PROGRAM OR PROJECT:**

**PROJECT OR PROGRAM FOR WHICH YOU ARE REQUESTING HELP**

**BRIEF DISCRIPTION OF OTHER GROUPS PARTNERING WITH THIS EVENT**

**IS THIS A PUBLIC SERVICE \_\_\_\_\_ OR FUNDRAISING INITIATIVE \_\_\_\_\_ ?**

**GOALS AND OBJECTIVES**

**WHO ARE THE BENEFICIARIES FROM THIS PROGRAM?**

**DUTIES OF VOLUNTEERS:**

|          | <b>Volunteer Duties</b> | <b>Number of Volunteers needed</b> | <b>Hours Needed Per Duty</b> |
|----------|-------------------------|------------------------------------|------------------------------|
| <b>1</b> |                         |                                    |                              |
| <b>2</b> |                         |                                    |                              |
| <b>3</b> |                         |                                    |                              |
| <b>4</b> |                         |                                    |                              |
| <b>5</b> |                         |                                    |                              |

**You may include any additional information below:**

**SIGNATURE OF APPLICANT**

*Signature*

*date*

**PLEASE COMPLETE AND SEND TO:  
PRESIDENT MARTI BADILA [martibadila@gmail.com](mailto:martibadila@gmail.com)**