



Group Project Questionnaire

If you have questions about completing this form, please contact Sierra Sharpe at ssharpe@haven-oakland.org or 248-334-1284, ext. 458

GROUP INFORMATION:

Group Name: _____ Group Leader Name: _____

Group Leader Phone: _____ Group Leader Email: _____

Number of adults in group: _____

Number of children in group: _____

(Children must be at least 13 years old. Those 13-17 must have a signed parental waiver and must be accompanied by an adult 21+.)

GROUP LEADER ROLE:

HAVEN provides services to survivors of domestic and/or sexual violence. Please share the guidelines with your team in order to be sensitive to the needs of survivors that you may meet during your volunteer time. These guidelines will also be reviewed the day of your project.

PROJECT INFORMATION:

What date(s) and time would your group prefer to complete your project? Please list several dates, if possible. The calendar fills quickly and your date/time will be confirmed by HAVEN's Volunteer Coordinator.

Describe your project. Please note that you'll need to bring all supplies that you will need for your project including paper products, crafts, etc. Snacks and drinks are also always appreciated!

Any questions and/or additional comments?

Please submit this form to Sierra Sharpe, Volunteer Coordinator, at ssharpe@haven-oakland.org or by fax at (248) 334-3161. Thank you and we look forward to working with you! You'll hear from us within 5 business days.