



VOLUNTEER OPPORTUNITY REQUEST

1. ORGANIZATION:

Organization Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

County: _____ Website: _____

Name & Title of Contact Person: _____

Telephone: _____ Email Address: _____

2. MISSION OF THE ORGANIZATION:

3. COUNTY OR COUNTIES SERVED:

4. HAS YOUR ORGANIZATION RECEIVED A GRANT FROM THE MANASQUAN BANK CHARITABLE FOUNDATION?

Yes _____ No _____

5. PROVIDE A BRIEF DESCRIPTION OF THE VOLUNTEER OPPORTUNITY:

6. PROVIDE 3 DATE REQUESTS: _____

7. PROVIDE TIMEFRAME OF THE REQUEST: _____

8. HOW MANY VOLUNTEERS DO YOU NEED?: _____

Please send all completed requests to humanresources@manasquan.bank