

# #HOPE'Squad

Person of contact for Coordinator: \_\_\_\_\_

Phone number/Email: \_\_\_\_\_

- Youth resources are requested:** Thank you for asking the youth of St. Patrick's to assist our community at your event! Please provide the following details. All fields must be filled out, and the form must be returned to Coordinator **no less than 1 month** prior to your event.

Name of Event: \_\_\_\_\_

Date: \_\_\_\_\_ Times: \_\_\_\_\_

Number of youth needed: \_\_\_\_\_

Description of youth responsibilities: \_\_\_\_\_

\_\_\_\_\_

Required dress or materials: \_\_\_\_\_

\_\_\_\_\_

Things you will be providing the youth (i.e. food, tools, donation, etc): \_\_\_\_\_

\_\_\_\_\_

Date and time of planning meeting for youth representative to attend: \_\_\_\_\_

- St. Patrick Parish youth are not being requested, however, youth will be working at our event.** This form must be returned to Coordinator **no less than 1 month** prior to your event.

Name of organization requesting assistance: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_ # of Youth participating \_\_\_\_\_

Duties \_\_\_\_\_

**We will provide adult leadership of youth at all events unless we are unable. If we are not able to provide leadership, please offer the names of at least 3 suggested "cleared" adults for youth leadership at the event:**

\_\_\_\_\_

\_\_\_\_\_