



Project Nomination Form For Volunteer Assistance

Name of Project: _____

Description of Activity:

Timing and Duration: From _____ To _____
(Date) (Date)

Suggested Project Director(s) to be responsible for activity:

Name: _____

Submitted by:

Name: _____

Address: _____

Phone number: _____

E-mail: _____ Fax: _____

Incidental funding requested (normally not to exceed \$300): _____

Specific use of funding _____

Submit to: Fred Strohl, Volunteer Coordinator, ORNL Communications and Community Outreach (Address: ORNL, P.O. Box 2008, Oak Ridge, TN 37831-6266)
E-mail: strohlhf@ornl.gov; Telephone: 865-574-4165

or

Leigha Edwards, Manager, ORNL Community Outreach (Address: ORNL, P. O. Box 2008, Oak Ridge, TN 37831-6266) E-mail: ledwards@ornl.gov;
Telephone: 865-241-9309