

Approved by OIRA 3045-0122 exp 12/31/2021

Name of Organization

## AmeriCorps Program

Type of Event

Date/Time of Event

Date/Time of Event: Date

Date/Time of Event: Time

## Event Address

Event City

## Event State

### Description of Event

[illegible]Volunteers Needed ☐

Point of Contact Full Name

### Point of Contact Email

Point of Contact Phone Number

### Elected Official, Community Leader, or VIP Attendees?

[illegible]

### Additional Information

[illegible]

Event accomplishments, links to media coverage, list of volunteer activities, or other related information