

OUTREACH EVENT REQUEST

Type of Volunteer:	□ Table	□DAT	□Pet Therapy
Event/Program Name:			
Type of event/program:			
Location:			
Date of event:			
Time:			
Contact person & contact details:			
Special Parking requirements: ☐ No			
What materials are needed: ☐Market	ting cart □	∃Board □O	ther:
Do we bring: ☐ Table ☐ Chairs ☐	Tent	They provide	
Is event: ☐ Inside ☐ Outside			
If bringing animals, where will they be pl	aced? i.e.: W	Vill there be shade	? Grass?
		Proximity	to music?
Who will the SHS representative be:			
If Pet Therapy * – additional informati	on needed:		
Type of facility & approximate number of	f people invol	ved:	
If event involves children: Approximately how many children will be	e present?		
What is the age range of children involve	ed?		
Number of adults present?			
Type of program (i.e., reading, Humane	Education, et	tc.)	
Best day/time to visit (if not specifically s	scheduled eve	ent/program)?	

* Suncoast Humane Society's Pet Therapy teams are all-volunteer teams registered with Pet Partners and are one of the free community services provided by Suncoast Humane Society. For further information or questions, please contact Suncoast Humane Society at 941-474-7884, visit Humane.org or contact Claire Berten at cberten@humane.org

Volunteer Name	Shift	Type of Volunteer