COMM•UNITY204

COMMUNITY204 – SCHOOL COLLABORATION REQUEST FORM

Thank you for your interest in collaborating with CommUNITY204!
Please complete the form below to help us better understand your school's goals and how we can support your initiative.

SCHOOL INFORMATION

School Name: _____

Address: _____

Contact Person: _____

Role/Title: _____

Email: _____

Phone Number: _____

COLLABORATION DETAILS

1. TYPE OF COLLABORATION YOU'RE INTERESTED IN:

(Check all that apply)

☐ Food Prep
☐ Care Package Assembly
☐ Clothing/Donation Drives
☐ Community Outreach
☐ Learning Sessions/Workshops
☐ Other:

2. PROPOSED PROJECT OR IDEA:

(Briefly describe the activity you'd like to collaborate on)

Number of Students Involved: _____

Grade Level(s): _____

Preferred Date(s)/Timeline: _____

ARE THERE ANY SPECIAL NEEDS OR CONSIDERATIONS?

ADDITIONAL COMMENTS OR QUESTIONS

Be sure to save your PDF to Adobe Acrobat on your computer or mobile device first before submitting your completed form.

SUBMIT FORM

SUBMIT YOUR FORM TO:

Email: info@community204.ca
Website: www.community204.ca

We'll be in touch shortly to discuss your request and explore how we can work together!