WOODINVILLE HIGH SCHOOL
REQUEST FOR NON-MONETARY CHARITABLE ACTIVITY
(Clothing Drive, Book Drive, Toiletries Drive, Toy Drive, Food Drive, Blood Drive, etc.)

Club Name: _____________________________ Club Representative’s Name/Email: _____________________________

Type of activity: _____________________________________________________________

Name of the charity the drive will benefit: _____________________________________________

Beginning date: _____________________________ Ending date: _____________________________

What types of items are being collected?
_________________________________________________________________________________
_________________________________________________________________________________

On-or Off-Campus Collection? (List all locations): _____________________________________________

On-Campus Collection Location: ___________________________________________________________

Time of On-Campus Collection: ___________________________________________________________

If items are brought to the on-campus collection location and a student representative is not there to collect the items, where should the individual take the items? _____________________________

Provide a brief explanation of your plan/other details: __________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

By signing below, club advisor and student representative understand: 1) All advertising for the non-monetary charitable activity should include the name of the organization benefiting from the drive. 2) Club must contact Custodian Rod Miller in person or at rmiller@nsd.org to request table and chairs for on-campus collection location (table and chairs are not to be removed from ASB Room 101). 3) Consider advertising in the Daily Bulletin and/or E-News from the Principal by sending the information by email to Main Office Secretary Jenn Diaz at whsoffice@nsd.org (club advisor must be carbon copied in the email). 4) Upon completion, results of the drive are to be provided to ASB Secretary Denise Schwans at whsasb@nsd.org.

PRIME ADVISOR (MR. MELTON) or PRINCIPAL/PRINCIPAL DESIGNEE SIGNATURE:
______________________________________________________ Date_____________________ Approved ( ) Disapproved ( )

CLUB ADVISOR SIGNATURE:
______________________________________________________ Date_____________________ Approved ( ) Disapproved ( )

STUDENT CLUB REPRESENTATIVE SIGNATURE:
______________________________________________________ Date_____________________ Approved ( ) Disapproved ( )

WHS Request for Non-Monetary Charitable Activity 11-9-18 ds