

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: _____

Provide a brief explanation of your plan/other details: _____

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? _____

Are NHS hours being awarded as part of this drive? Yes ___ No ___ If yes, NHS Advisor Jamie Tanksley or Loren Tanksley must sign off here: _____ Date: _____

If NHS hours are being awarded, provide an explanation of the number of hours and donation requirements to earn the hours:

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 the WHS Head Custodian to request table and chairs for on-campus collection location, as needed (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 the Main Office 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. KELLY) or PRINCIPAL/PRINCIPAL DESIGNEE SIGNATURE:

_____ Date _____ Approved () Disapproved ()

CLUB ADVISOR SIGNATURE:

_____ Date _____ Approved () Disapproved ()

STUDENT CLUB REPRESENTATIVE SIGNATURE:

_____ Date _____ Approved () Disapproved ()