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Join Hands Day Volunteer Project HRFA Branch Participation Form

Thank you for completing this form and returning it to the National Fraternal Coordinator by June 4, 2007.



Sponsored by
America's Fraternal
Benefit Societies

MAY 5, 2007

Organizer's Information:

Branch #:

Name of Branch Project Coordinator:

Address:

Phone number:

Participating Organizations

Please identify all participating organizations if there were any:

Volunteers:

Number of Adult Volunteers expected at your project:

Members Non-members

Number of Youth Volunteers expected at your project:

Members Non-members

Project Location:

Project Address:

Project Date:

Description of Project:

What are you doing on Join Hands Day?

How will the youth and adult groups work together in improving the community?

How did your branch get other individuals and groups involved in the project?

How did the project impact the lives of your youth and adult volunteers?

What activities or relationships will continue after JOIN HANDS DAY?

Are you registering your project directly with the Join Hands Day website at http://www.joinhandsday.org/scripts/projects_register_post.cfm ?

Yes No

* If you are registering your project with Join Hands Day directly, please make sure to send us a copy of your registration.

***By pressing the Submit button, you have completed an important reporting requirement.
If you have any questions, please call or email the Fraternal Coordinator
Thank you for your cooperation!***