



Syracuse City Corporation  
**SERVICE PROJECT / COMMUNITY SERVICE  
REQUEST FORM**

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Thank you for your interest in serving the citizens of Syracuse City. It is because of the generosity of individuals like yourself that Syracuse City is a great place to live, work, and play. Volunteers also make it possible to provide enhancements to the current services offered within our community.

In order to ensure equitable treatment of service opportunity requests, individuals and groups requesting service projects must complete and submit this form to the Syracuse City Human Resources Department **no less than 7 business days prior to the desired date of service.** In addition, the form must be completed and submitted by the individual/contact person requesting the service opportunity. Finally, individuals/contact persons who are awarded service opportunities will be required to complete pre-service paperwork and submit to a criminal background investigation. Please note that Syracuse City reserves the right to deny service opportunities to any individual or group based on the results of the criminal background investigation.

**CONTACT INFORMATION**

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What type of service opportunity are you requesting (circle one):    Individual    Group

Name of Contact Person<sup>1</sup>: \_\_\_\_\_

Group Name (if applicable): \_\_\_\_\_

Contact Information:

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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<sup>1</sup> For an individual service opportunity, this would be the name of the individual who is requesting service.

**REQUEST DETAILS**

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Reason for Request (check all that apply):

- Court Ordered Community Service (please describe): \_\_\_\_\_  
\_\_\_\_\_
- Eagle Scout or Other Boy Scout Community Service
- Church Group
- Ongoing Community / Volunteer Service
- Other Community / Volunteer Service (please describe): \_\_\_\_\_  
\_\_\_\_\_

Preferred Start Date(s) of Service (please give both first and second choices): \_\_\_\_\_  
\_\_\_\_\_

Desired Length of Service (hours, days, weeks, etc.): \_\_\_\_\_

Anticipated Number of Participants (for group service requests): \_\_\_\_\_

Describe the type of project that you/your group would like to do: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I certify that the information contained in this request is complete and accurate to the best of my knowledge. Furthermore, I agree that I will adhere to all applicable laws, polices, and procedures if I am selected for service with Syracuse City

\_\_\_\_\_  
Signature of Individual/Contact Person

\_\_\_\_\_  
Date

**FOR CITY USE ONLY**

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Request Received By: \_\_\_\_\_

Date Request Received: \_\_\_\_\_

Date Received by HR: \_\_\_\_\_

Is Requestor Eligible for Service?     Yes             No

Assignment Details:

Project Available:     Yes             No

If Yes, What Department? \_\_\_\_\_

Project Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anticipated Date(s) of Service: \_\_\_\_\_

Name of City Staff Supervisor: \_\_\_\_\_

Contact Info for City Staff: \_\_\_\_\_