Center for Community Engagement

Stop and Serve Request Form

Name: _____

Organization: _____

Email: _____

Phone: _____

Date Requested: _____

Targeted Population (example: nursing home, meals on wheels, children,

etc.)_____

Activity Ideas: _____

Budget: _____

Location of Stop and Serve Request: _____

Time of Stop and Serve: _____

Please contact Vernon Cheeks or Jessica Starr of you have any further questions.

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