

# TEAM UT-BATTELLE

## Project Nomination Form For Volunteer Assistance

Name of Project: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

Timing and Duration: From \_\_\_\_\_ To \_\_\_\_\_  
(Date) (Date)

Annual/Recurring

### Number of Participants:

Suggested Team Captain(s) to be responsible for activity:

Name: \_\_\_\_\_

### Submitted by:

Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Incidental funding requested (normally not to exceed \$500) \_\_\_\_\_

Specific use of funding \_\_\_\_\_

Submit to: [community@ornl.gov](mailto:community@ornl.gov)