

Pima County Cares!

Volunteer/Participation Submission Form

Show pride in your work and your community by volunteering your time and energy to a helpful cause. Please have the volunteer facilitator fill out and sign the form below. You may submit this form within 30 days of the event for credit. Each 1 hour (up to 4 hours) dedicated to volunteering at the listed event will be worth 5 Healthy Lifestyle Activity Points (HLAP's). You may also participate in the event for an additional 5 HLAP's. You may earn up to 25 total HLAP's each fiscal year.

Employee Portion:

Name / EIN: _____

Phone: _____

Email: _____

Community Event Information:

Event Date: _____

Event Name: _____

Volunteer Hours: 1 hour 2 hours
 3 hours 4 hours
 Participated in the event

Facilitator Portion:

I certify the employee listed above:

Has completed the volunteer requirements listed above.

Signature: X _____

(Facilitator's signature)

Attention: Submit this completed to:
Pima County Employee Wellness
Fax: 724-8150
Inter-office Mail: 150 W. Congress, 4th Fl.

