

Pima County Cares!

Community Volunteer/Participation 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 (HLAPs). You may also participate in the event for an additional 5 HLAPs. Blood Donations are 5 HLAPs. You may earn up to 25 total HLAPs each reporting 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

Blood Donation

Facilitator Portion:

I certify the employee listed above:

- Has completed the volunteer or participation requirements listed above.

Signature: X _____

(Facilitator's signature)

Attention: Submit this completed to:

Pima County Employee Wellness

Email: wellness@pima.gov

Fax: 724-8150

Inter-office Mail: 150 W. Congress, 4th Fl.

