



Hannah's Treasure Chest

Enriching the lives of children in need

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Volunteer Group Registration Form

Project Information

Service Project Date: _____ Service Project Time Frame: _____

Estimated Group Size: _____ Number of Children in Group: _____

Ages of Children: _____ Special Needs: _____

Organization Information:

Organization Name: _____

Organization Contact Name: _____

Address: _____

Phone: _____ E-mail: _____

How did your organization hear about Hannah's Treasure Chest?

_____ Current Volunteer _____ Family/Friend _____ Church

_____ Social Organization _____ Newspaper _____ TV/Radio

_____ Social Media _____ Internet _____ Other