

Campus Ministry Service Van Request Form

Requests should be submitted to Campus Ministry at least one week prior to the date transportation is needed.

Date: _____

Requestor Name: _____

Phone Number
Cell or Home: _____

Email Address: _____

Name(s) of
Other Rider(s): 1. _____ 2. _____
3. _____ 4. _____ 5. _____

Service Site Name: _____

Service Site Address: _____

Is your request: _____ One-Time Service Project _____ Ongoing Service Project

Date(s) Requested: _____

Day(s) of Week: _____

Time Service Starts: _____

Time Service Ends: _____

NOTE: Once your request is received, it will be reviewed to determine the availability of the van and a trained driver. You can expect to receive a response via email within five days of your request. If you have questions, please contact the Campus Ministry Office at 961-4723 or email us at campusmin@marywood.edu.

FOR OFFICE USE ONLY:

Date Request Received: _____

Requested Granted/Denied by: _____ Date: _____

Requestor Contacted via email by: _____ Date: _____

Driver Assigned: _____ Driver Cell #: _____

Driver Contacted via email by: _____ Date: _____