

PROJECT INFORMATION REPORT

Agency: _____ Project Address: _____
Project Date: _____ Project Time: _____

Contacts

	National Service Program	Agency	Volunteer Leader
Name:	_____	_____	_____
Phone:	_____	_____	_____
E-mail:	_____	_____	_____

Project Details

Briefly describe the project: _____

Is prep work needed? Yes: _____ No: _____

If yes, what is needed? _____

Who will do the prep work? _____

Contingency Plans

Briefly describe the back-up projects: _____

How can this project (or parts of the project) proceed in the event of rain? _____

Are other events or projects occurring on-site that day? Yes: _____ No: _____

If yes, what is the impact on this project? _____



Safety

Emergency Contact: _____ Phone: _____

Briefly describe safety/emergency plan: _____

Volunteer Information

Volunteers needed: _____ Minimum age: _____

Things to bring or wear: _____

Are food and beverages provided? Yes: _____ No: _____

If yes, who will provide? _____

Does the project have restroom facilities? Yes: _____ No: _____

If no, describe alternative: _____

Is the project site accessible for persons with disabilities? Yes: _____ No: _____

How will volunteers pre-register? _____

Whom should volunteers contact with questions before the event? _____

Provide detailed driving/public transit directions to the project site: _____

What time should volunteers arrive? _____

Where should volunteers park? _____

