



Volunteer/Community Service Project Proposal Form

Thank you for your interest in volunteering for Santa Rosa Recreation, Parks & Community Services.

INSTRUCTIONS: Please fill out this form to the best of your ability, so that we can assist you in having a successful project. If any of the information on this form changes, please notify the department contact immediately.

☐ Group Project

☐ Eagle Scout Project

☐ Individual/Service Hours

☐ Intern

☐ Adopt-A-GreenSpace

☐ Other

Day/Date of Project: _____ Time of Project: _____ to _____

Site: _____

MAIN CONTACT INFORMATION:

Name:		Phone Number:	
Address:			
Email:			

Is this a group effort? ☐ yes ☐ no

GROUP INFORMATION:

Name of Organization:							
Address of Organization:							
Business Phone:				Fax:			
Estimated number of volunteers:		Estimated age range of volunteers:		to			

EMERGENCY CONTACT:

Name: _____

Phone: _____

Name: _____

Phone: _____

PROJECT INFORMATION

Description of Work to be Performed:

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Equipment/Supplies You Can Provide:

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Approximate hours to complete project: _____

- ☐ I understand and agree to the project concept stated above.
- ☐ As directed, I will obtain signed liability releases from all participants and deliver to the department contact before work begins (if under 18, need parent's signature).
- ☐ I agree to coordinate work schedule/dates/times/details with the department contact.
- ☐ I agree this project will be completed by: _____ or I will notify the department contact.
- ☐ I understand and agree that I am volunteering my services without any anticipation of financial compensation.

Signed: _____

Date: _____

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FOR DEPARTMENT USE:

Permit #: _____

Date Received: _____

Day of Project Department Contact: _____ Phone: _____

Liability Release needed? ☐ Yes ☐ No

Equipment/Supplies Department will provide:

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Other Requirements/Information:

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