



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.

- | | | |
|--|--|---|
| <input type="checkbox"/> Group Project | <input type="checkbox"/> Eagle Scout Project | <input type="checkbox"/> Individual/Service Hours |
| <input type="checkbox"/> Intern | <input type="checkbox"/> Adopt-A-GreenSpace | <input type="checkbox"/> 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:

Equipment/Supplies You Can Provide:

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:

Other Requirements/Information: