



Day of Caring Group Volunteer Project/Event Plan

We have designed this form to make your Project/Event planning easier and foster communication between you and the Volunteer Team Leader(s). Please share copies of this completed form with all appropriate personnel.

Company _____ Primary Contact _____

Phone _____ Cell Phone _____

Fax _____ E-mail _____

Agency _____ Primary Contact _____

Phone _____ Cell Phone _____

Fax _____ E-mail _____

Project Description

Set up a meeting:

- Arrange for the Agency Project Coordinator and Volunteer Team Leader to meet at the project site prior to Day of Caring.

Date _____ Time _____

Location _____

Meeting:

- Discuss and agree on the details of your Project, including:

VOLUNTEERS Number of volunteer participants _____
 Number of client participants _____
 Number of agency participants _____

SCHEDULE Volunteers will arrive at _____ a.m. p.m.
 Volunteers will depart at _____ a.m. p.m.

PARKING Volunteers should park _____

DIRECTIONS _____

REFRESHMENTS Will be supplied by _____
 Items Needed _____

SUPPLIES	<u>Materials Needed</u>	<u>Supplied by</u>	<u>Confirmed</u>

CLOTHING _____

LIMITATIONS
OF VOLUNTEERS _____

SPECIFIC
REQUESTS _____
(i.e. vegetarian lunch)

INSURANCE Make sure insurance liability issues are resolved. Notes:

EVENTS

What will happen when the volunteers arrive? (example: tours, presentation of services, work, lunch, etc.)

BACKUP PLAN

In case of bad weather or other emergencies contact:

Company contact _____ Phone _____

Agency contact _____ Phone _____

POLICY

Discuss agency policies, including policies on photography, confidentiality, and any other special considerations.

MEDIA

Discuss media plans of both the agency and company for event. (ie., press releases, psa's, radio remote sites, TV coverage, etc.)

OTHER

Your notes on anything not covered by this plan:
