



# FLEX Project Proposal Form 2015-2016

## Contact Information

Agency Name:

Mailing Address:

Agency Phone:

Agency Email:

Primary Contact Name:

Title:

Phone:

Email:

Secondary Contact Name:

Title:

Phone:

Email:

## Project Information

Which semester are you applying for?

Fall 2015

Spring 2016

Project Title:

Project Site Address:

Describe where volunteers will meet upon arrival:

## Meeting Location Details

Please provide any special directions to meeting location:

## Project Frequency

How often will your project occur?

Weekly  Biweekly  Monthly

What day(s) of the week will your project take place?

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday



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What is the start and end time for your project? Must be between 1-3 hours. *Preference is given to Flex Projects that take place on week nights between 4 PM and 8 PM and Saturdays/Sundays between 9 AM and 1 PM.*

Start Time:

End Time:

Describe any special circumstances related to the frequency of your project.

Please list all proposed project dates within the 4-6 month project period. Remember to exclude dates that you will be closed, if applicable.

Would you like CVNL to promote your volunteer opportunities on a Day of Service? Check all that you are interested in:

9/11 Day of Service and Remembrance – September 11, 2015

Coastal Clean-Up Day – September 19, 2015

Make a Difference Day – October 24, 2015

Holiday Gifts of Love – November - December 2015

Family Volunteer Day – November 21, 2015

MLK Day – January 18, 2016

Caesar Chavez Day – March 31, 2016

Earth Day – April 22, 2016

National Volunteer Week – April 10 -16, 2016

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### Volunteer Quantity

All Flex Projects must accommodate a minimum of 5 volunteers and a maximum of 10 volunteers. Projects that require more than 10 volunteers will be considered in some circumstances. CVNL is committed to recruiting a minimum of 5 volunteers for each project date. Please indicate the ideal number of CVNL volunteers desired to complete a single occurrence of your project.



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### Age Restrictions

What is the youngest age acceptable to volunteer without an adult?

What is the youngest age acceptable to volunteer with adult?

Preference is given to Flex Projects that can accommodate youth under 14 years of age.

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### Volunteer Responsibilities

Provide a detailed description of all the tasks volunteers are expected to complete at each project. All activities must be hands-on and in direct service to clients. Fundraising activities are not permitted.

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### Project Supplies and Cost

List all supplies necessary to complete the project, approximate supplies cost, and which supplies (if any) will be provided by your organization.

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### Community Impact & Project Outcomes

Describe the impact volunteers will have on your organization and the community at large by completing the project. Please list the quantifiable outcomes your project is expected to produce (e.g., number of meals served, pounds of litter collected, total acres of at-risk land restored).

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### Benefits to the Volunteer

Describe how participating in the project will benefit the volunteer (e.g., gain skills, make friends, free perks, etc.)



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### **Risk Management and Safety Information**

Describe any restrictions or parameters required to minimize the risks that clients, volunteers, or staff may incur before, during, or after the project (e.g. volunteers for food service projects may be required to wear hair nets and gloves).

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### **Special Instructions**

Describe any other special instructions for volunteers such as what to wear, what to bring/leave at home, etc.

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### **Liability and Photo Release Waivers**

All CVNL volunteers are required to sign a liability and photo release waiver at the start of each project. If applicable, please provide a copy of all liability and photo release waivers your organization requires staff, volunteers, and clients to sign upon submission of this Project Proposal Form.

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### **Project Accessibility**

Can a member of your staff offer translation for non-native English speakers?

Is your project wheelchair accessible?

Please describe your project's accessibility by public transit and the closest bus route:

Please indicate which populations your project serves.



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## Volunteer Supervision

A member of your staff must be present at each occurrence of your proposed project. If different from above, please provide the contact information for this staff person.

Primary Contact Name:

Title:

Phone:

Email:

## Memorandum of Agreement

By signing below, I agree to the following (please initial all):

\_\_\_\_\_ Remain a CVNL member in good standing for the full 4-to-6 month span of your project

\_\_\_\_\_ Provide well-defined tasks for volunteers to complete for each project occurrence

\_\_\_\_\_ Ensure that a member of your staff is present at each project occurrence to support CVNL Project Leaders and volunteers

\_\_\_\_\_ Provide all supplies needed to complete your project and/or collaborate with CVNL staff and volunteers to do so

\_\_\_\_\_ Allow volunteers to participate in the project without requiring an ongoing commitment, previous experience, training, or screening

\_\_\_\_\_ Notify CVNL staff and Project Leaders immediately of any changes to the details contained within this form

\_\_\_\_\_ Abide by all the outlined requirements and comply with all federal policies and regulations regarding non-discrimination and accessibility, provide a drug-free workplace, and maintain a safe working environment for all volunteers

\_\_\_\_\_ CVNL is not responsible for any necessary background checks. If your agency requires background checks, CVNL will connect you with Verified Volunteers.

Agency Representative Name and Title: \_\_\_\_\_

**Signature:**

**Date:**

\_\_\_\_\_

### Email completed FLEX Proposal to:

Jaimie Baxter  
Volunteer Services Program Coordinator  
jbaxter@cvnl.org  
415.448.0333 (direct)

## For CVNL Only:

~~~~~ Accepted

~~~~~ Declined

~~~~~ Waitlisted

Official start date: \_\_\_\_\_

CVNL Staff Signature:

Date: