Chevron Volunteer Week/Corporate Caring Volunteer Week
Project Registration Checklist

Agency Name	
Project Name	
Primary Contact for project Name Email address Phone	
Project Location: Street, City, & Zip Code	
Project Description A detailed description of this particular project. Volunteers will read your description as they register for this event.	
Project Day of Week and Date (ex: Friday, Sept XX, 20XX)	
Project Start Time	
Project End Time	
Do you have any special requirements of the volunteers ? (able to lift, TB test requirement, work with public, handle currency, etc.)	
Does the volunteer need to bring any supplies for this project? (gloves, water bottles, etc.)	
What type of clothing should the volunteer wear for this project? Professional, Casual, Grubby, Closed Toe Shoe	
Please designate your project's category. Building/Construction Consulting Education Environmental Clean Up Food/Gift Drive Gardening/Planting Health & Wellness Mentoring/Career Development Meals/Food Pantry Painting/Renovations Seasonal Party/Carnival	
What is the minimum number of volunteers you will accept for this project? Preferably 6 or greater	
What is the maximum number of volunteers you will accept for this project?	
Are children (under 18 years of age) able to work on this project?	
What is the minimum age of a volunteer that you will accept for this project?	
ADA accessible?	
Will you provide lunch/snacks for the volunteers? **Will you provide bottled water or access to water?**	
Please provide your agency's EIN (Employer Identification Number). Format xx-xxxxxxx	

Special considerations? (Parking, access, forbidden items, etc.)	
Executive Director/Department Head contact info **Name** **Email** **phone**	
Brief (Tweet length!) description of impact of project (financial, time, client impact, etc.) **Number of people who will benefit from this project** (clients, families, patients, end users, etc.)	
Project located indoors/outdoors/both?	