



Business Volunteer Impact Program

Project Registration Checklist

Basic Information

Agency Name																	
Project Name																	
Skills & Abilities Needed	<table border="0"> <tr> <td>Advocacy</td> <td>Legal</td> </tr> <tr> <td>Board Service</td> <td>Marketing</td> </tr> <tr> <td>Clerical</td> <td>Medical</td> </tr> <tr> <td>Court Mandated</td> <td>No special skills or N/A</td> </tr> <tr> <td>Education</td> <td>Physical Labor</td> </tr> <tr> <td>Finance</td> <td>Skilled Labor</td> </tr> <tr> <td>Food Prep</td> <td>Social</td> </tr> <tr> <td>In-Kind</td> <td>Technology</td> </tr> </table>	Advocacy	Legal	Board Service	Marketing	Clerical	Medical	Court Mandated	No special skills or N/A	Education	Physical Labor	Finance	Skilled Labor	Food Prep	Social	In-Kind	Technology
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Board Service	Marketing																
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Food Prep	Social																
In-Kind	Technology																
Project Day of Week and Date (ex: Friday, Sep. XX, 20XX)																	
Registration Close Date	August 14, 2019																
Project Start and End Time (ex: 9:30am-1:00pm)																	
Duration (in hours)																	

Location & Contact Info

Project Location Street, City & Zip Code	
Primary Contact for project Name	



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Email Phone	
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Volunteers

What is the minimum number of volunteers you will accept for this project? Preferably 6 or greater. (Minimum needed for this project to be successful?)	
What is the maximum number of volunteers you will accept for this project?	
Allow Team Registration?	Yes
Re children (under 18 years of age) able to work on this project?	Yes No
Minimum Volunteer Age?	
ADA accessible?	
Will water or drinks be provided for volunteers? If Yes, please describe.	
Will lunch or snacks be provided for volunteers? If Yes, please describe.	

Supplemental Questions



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<p>Please enter the number of individuals (clients, users, recipients, etc.) who will benefit from this project. (Enter number only)</p>			
<p>Do you have any special requirements of the volunteers? (EX: able to lift, stand for long period, work with public)</p>			
<p>What type of clothing should volunteers wear for the project?</p>	<p>Professional Casual Grubby Closed toe shoes Other</p>		
<p>Suggested personal items to bring (Water bottle, sunglasses, hat, sunscreen, lunch, etc.)</p>			
<p>Please designate your project's category. If you don't find exact match, please pick nearest match.</p>	<p>Animal Rights/Causes Assembly Building/Construction Consulting Distribution Environmental/Habitat Restoration Education/Tutoring/Reading</p>	<p>Event/Party/Carnival Food Pantry/Kitchen/Meals Gardening/Planting Gift/Food/Product/Clothing Drive Health/Wellness Mentoring (youth)</p>	<p>Mentoring (career development/adult) Painting/Renovations Park Clean Up Presentations/Workshops Science Fairs Walk/Run/Race</p>
<p>It helps to share stories and overall impact with participants to provide insight in how volunteering makes an impact. Please write a brief (1-2 sentences) on how this</p>			



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<p>project will impact your organization or clients.</p>	
<p>Please use this field to provide any unique project information not previously included that you feel is important. (EX: specific navigation, no restrooms, tight security, etc.)</p>	

Project Description

<p>Short Description (max 150 characters)</p>	
<p>Project Description – A detailed description of this particular project. Volunteers will read your description as they register for this event.</p>	