



Youth Volunteer Corps
2010/2011
Project Proposal



Attn: YVC Program Coordinator
Youth Central
#820, 1202 Centre Street SE
Calgary, Alberta, T2G 5A5

Phone: 403-266-5448
Fax: 403-264-0266
Email: yvc@youthcentral.com

AGENCY INFORMATION:

Agency: _____ Agency Website: _____
Agency Email: _____ Agency Phone: _____
Contact Person: _____ Contact Phone: _____
Contact Email: _____ Fax: _____
Mailing address: _____
Project address/meeting place (if different from above): _____

Is the project location accessible by Public Transit? _____ Is the project location wheelchair accessible? _____

REQUESTING VOLUNTEERS FOR:

☐ One-time event?

Date: _____

Time: _____

***Please make sure the above time reflects when the volunteers will need to be present at the project.**

Team leaders conduct ice breaker and reflection activities at the beginning and end of all projects (approximately 20 minutes for each).

Does the above time allow for these activities? YES NO

☐ On-going project?

Dates: _____

Time(s): _____

Number of volunteers requested (minimum of 6): _____

Restrictions: _____

Briefly describe the project you are proposing. Please include the project goals and recipients of the service as well as whether there will be refreshments/food available for volunteers.

*Please list the tasks to be completed by volunteers (if needed please attach additional information). **Be sure there are enough activities to keep the team of volunteers busy for the duration of the project.***

It is the agency's responsibility to inform volunteers about the agency itself, including *its goals, policies and duties*. **Please note if the orientation takes place prior to the project, a team leader will attend in lieu of volunteers.**

Orientation Date: _____ Time: _____

EMERGENCY PLAN:

Please attach any relevant emergency policies and procedures, including fire exit plan (if available).

- Meeting point/place of gathering in the event of a fire or bad weather:

First Aid Kit(s) (stocked and carried/accessible):

☐ YES

☐ NO

Emergency communications equipment carried and/or accessible (check any and all that apply):

- Telephone: _____ (Contact Name & Number)
- Cell phone: _____ (Contact Name & Number)
- Other: _____ (please specify)

Will the project take place outdoors?

☐ YES

☐ NO

If so, and the weather is not permitting, will the event be rescheduled?

☐ YES

☐ NO

Date: _____

Project Proposal Submission Date: _____

*The Youth Volunteer Corps is thankful for the partnership we share with your agency.
We would appreciate it if you would consider providing a small donation that would recognize the hard work of our volunteers and support future volunteers.*

Something as small as \$20.00 would help us to provide YVC T-Shirts and volunteer recognition for our committed youth and ensure that we are able to continue to provide them with meaningful volunteer opportunities.