

Managed Project Request Form

Please check all that apply

- *Is your organization a non-profit 501(c)(3) agency or public entity serving valid community needs broader than the interests of its membership
- *Have nondiscrimination policies in place that reflect state and federal law in regards clients served and volunteers accepted
- *Provide services and volunteer opportunities within Portage County
- Provide Liability insurance to cover volunteers

*Required in order to partner with the Volunteer Center

Agency Information

Agency Name:	Program Name (if applicable):	
Agency Address:	City:	Zip:

Agency/program mission (as you would like it to appear on our website):

Description of agency/program services:

Staff Contact for Volunteer Center Managed Project

Primary Staff Contact for Project:		Title:
Work Phone:	Alternative Phone:	Emergency Phone:
Fax:	Email:	
Will this staff person be <u>consistently</u> onsite during the project? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If staff member listed above will not be on-site during project, please provide info for the on-site staff person:

On-site Staff Person:	Title:
Work Phone:	Alternative Phone:
Email:	

Is on-site person available to welcome volunteers and give them an overview/tour at the beginning of the project and discuss how the project supports your organization? ? Yes No

Project Information

Proposed Project Name:

Briefly describe your Volunteer Center Managed Project (please include dress requirements, what volunteers should bring, safety concerns volunteers should be aware of, policies regarding interacting with clients etc)

Do you have additional written information that you would like volunteers to receive prior to the project? Yes No

Will other volunteers be participating in project in addition to those recruited by the Volunteer Center? Yes No

Number of Volunteer Center volunteers needed:	Minimum:	Ideal:	Maximum:
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Project Start Time:	Project End Time:
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Proposed Project Start Date:	Project End Date (if applicable):
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What days of the week/month could this project occur: weekly bi-weekly monthly seasonally one-time

Address of Project:

Driving directions to project site from a major road:

Volunteer Center volunteers and Project Coordinator are required to sign a Volunteer Center waiver at the beginning of each project. (Please review the attached waiver to determine if it meets your organization's needs.)

Will you require volunteers to fill out any additional paperwork, waivers, or confidentiality agreements? Yes No

If yes please specify:

**Agency Partners are asked not to market/solicit Volunteer Center volunteers without their consent*

If project is hosted outdoors, do you have alternate plans in case of inclement weather?

Project is indoors Project would be canceled Alternative plans (please specify):

Does your organization allow photos to be taken of clients/program participants? Yes No

(If yes, please attach photo release so we can verify if photos can be used by United Way)

United Way of Portage County cannot cover supply costs, nor do we ask volunteers or Project Coordinators to donate supplies. What supplies are needed and how would your agency secure these supplies?

Agency rep will purchase supplies

Project coordinator should purchase supplies and be reimbursed (\$ _____ budget for supplies)

Will snacks/drinks be provided by your agency? Yes No

Do you have first aid kits available at project site? Yes, located No

If project involves meal prep, will cooking be done by volunteers on-site or at the volunteer's homes?

On-site At volunteer's homes Either/both

Is this project youth-friendly? Yes No

If yes, what is the minimum age requirement?

with adult supervision:

without adult supervision:

Are you willing/able to make accommodations for volunteers with disabilities? Yes No

Can male and female volunteers participate in this project?

Yes No (explanation if necessary: _____)

Is project wheelchair accessible?

Yes No

Do you wish to interview the Project Coordinator who will be assisting with your project?

Yes No

Do you wish to provide training/additional screenings for the Project Coordinator? Yes No

If yes, please specify:

Anything else United Way of Portage County staff or Project Coordinator should be aware of (safety concerns, additional info about clients served)?

Name of person proposing project:

Date:

*** IMPORTANT: Please save the completed document to your computer and then email it as an attachment to swinn@unitedwaypoco.org ***

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