



PROJECT PLANNING WORKSHEET

I. PROJECT DATE and LOCATION

Project Site:	
Date:	
Address:	
Time:	

II. CONTACTS

Recipient Community Organization or School	
Name:	
Phone:	
Alternate Phone:	
E-mail:	

Partner Organization	
Name:	
Phone:	
Alternate Phone:	
E-mail:	

Volunteer Leader	
Name:	
Phone:	
Alternate Phone:	
E-mail:	



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If using project task leaders to lead smaller groups of volunteers, note their contact information here:

Task Leader 1

Task:	
Name:	
Phone:	
Alternate Phone:	
E-mail:	

Task Leader 2

Task:	
Name:	
Phone:	
Alternate Phone:	
E-mail:	

Task Leader 3

Task:	
Name:	
Phone:	
Alternate Phone:	
E-mail:	

Task Leader 4

Task:	
Name:	
Phone:	
Alternate Phone:	
E-mail:	



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III. DETAILS/LOGISTICS

1. Briefly describe the project:

2. List the project(s) that have been identified at the site. How many volunteers are needed? What is the minimum age?

Project	# of Volunteers	Minimum Age

3. What kind of skills/abilities must volunteers have to perform proposed tasks?

4. How will volunteers pre-register?



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5. Whom should volunteers contact with questions before the event?

Contact	
Name:	
Phone:	
Alternate Phone:	
E-mail:	

6. Have you investigated driving and/or public transit directions to the project site?

Yes

No

7. How will you communicate these directions to your volunteers?

8. What time(s) should volunteers expect to arrive and depart?

Shift 1: Arrive _____ Depart _____
Shift 2: Arrive _____ Depart _____
Shift 3: Arrive _____ Depart _____
Shift 4: Arrive _____ Depart _____

9. Where should volunteers park?



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10. What should volunteers bring and/or wear?

11. Are supplies needed for the project? (Include food and beverages.)

Yes No

If yes, what is needed?

12. Who will purchase/acquire supplies?



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13. Is prep work needed prior to the day of service project? (Site visit, put signage up, copying sign in sheets/evaluations, contact media, etc?)

Yes No

If yes, what is needed and who will do it?

14. Does the project site have restroom facilities?

Yes No

If no, describe alternative:

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15. Is the project site accessible for persons with disabilities?

Yes No



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IV. CONTINGENCY PLANS

1. How can this project (or parts of the project) proceed in the event of inclement weather?

2. Are other events or projects occurring on-site that day?

Yes

No

If yes, what impact will those activities have on this project?

3. What is the plan if you have a shortage of volunteers on the day of the project?

Idea: Scale back your project so that at least some aspects of the project will get completed.

4. What is the plan if more volunteers show up than expected?



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Idea: Have a few other small projects in mind to keep all of your volunteers engaged.

V. SAFETY

Emergency Contact	
Name:	
Phone:	
Alternate Phone:	
E-mail:	

1. Briefly describe safety/emergency plan: (Do you have a first aid kit? Do you have the locations of the nearest hospital, police & fire departments? Who is assigned to be on alert in case of an emergency?)
