

# SRP VOLUNTEERS

## PROPOSED PROJECT



1. Proposed By: \_\_\_\_\_ Today's Date: \_\_\_\_\_

2. Phone (\_\_\_\_\_) \_\_\_\_\_ Mail Station: \_\_\_\_\_

3. Proposer's Affiliation: \_\_\_\_\_ SRP Employee: \_\_\_\_\_ Other (Specify) \_\_\_\_\_

4. Name of Project/Activity: \_\_\_\_\_

5. Name of Nonprofit Organization: \_\_\_\_\_

6. Address: \_\_\_\_\_

NUMBER AND STREET

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

(\_\_\_\_\_) \_\_\_\_\_  
AREA CODE AND PHONE

7. Purpose of the Organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Contact at Organization: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE AND PHONE

9. Describe Project: \_\_\_\_\_

10. Date(s) of Project: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
SPECIFY A.M. OR P.M.

11. Location of Project: \_\_\_\_\_ ADDRESS CITY

12. Describe Volunteer Group's Involvement (Be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. Number of SRP VOLUNTEERS requested: \_\_\_\_\_

14. Signature of Proposing Individual: \_\_\_\_\_

15. Are you willing to serve as Project Coordinator for this project?\* \_\_\_\_\_

\* Your involvement would be welcomed but is not mandatory to propose a project.

**Send completed form to SRP VOLUNTEERS, PAB335.**