



YVCKC Saturday Project Request Form

Organization Name: _____ Today's Date: _____

Address: _____

Contact Person: _____ Work #: _____ Cell #: _____

Fax #: _____ E-Mail Address: _____

Project day contact (if different): _____ Phone # for project-day issues: _____

Project Location (if different from address above): _____

Special Driving/Parking Instructions: _____

Project Day(s)/Times if specific event: _____ **or** Mark here if project date is flexible: _____

Is there potential to make this a monthly ongoing project? _____ (we will contact you to discuss further)

Project Description (please list the tasks to be completed by volunteers and be sure there are enough activities to keep the team of volunteers busy for the duration of the project*): _____

**Please note YVC projects include icebreakers, team builders, reflection, and service-learning, depending on the project.*

Minimum Volunteer Age: _____ (we work with ages 11-18 and there is always an adult Team Leader, but if your agency has a mandatory minimum age we can accommodate)

Requested Group Size: Min: _____ Max: _____ (Please do not schedule other volunteer groups during YVC projects)

Lunch, snacks or water provided by your agency (any type of recognition is greatly appreciated): _____

Special instructions for volunteers (what to/not to wear, gloves, bug spray, etc.): _____

Rain plan (if outdoor): _____

Waiver required?: _____ Due: _____ How will YVCKC obtain?: _____

Volunteer Benefits/Hazards/Additional Information (please list any special agency goals and policies. If an orientation is required prior to the project, a Team Leader will attend in lieu of volunteers): _____

Please return this form to:

YVCKC Attn: Team Leaders, 4600 W. 51st Street, Suite 300, Roeland Park, KS 66205
Phone: (913) 432-9822 x305 Fax: (913) 432-3313 e-mail: yvc_kc@yvca.org