



Impact Program Project Proposal



Name of Agency: _____

Address: _____

Contact Name: _____

Title: _____

Phone: _____ Email address: _____

Agency Website: _____

Project Contact: _____

Title: _____

Phone: _____ Email address: _____

Agency Description & Mission (attach additional information as needed):

Project Description:

Tasks for Impact Volunteers (explain if involves lifting objects, standing for long time, if volunteers will be inside or outside, etc.):

Please select on of the following:

This is a one-time project on (date): _____

This is an ongoing project (check all that apply to project):

Monthly/ Quarterly/ Other _____

Weekdays/ Weekends or Specify day(s) of the week _____

Minimum Volunteers Needed:

Maximum Volunteers Needed:

Family friendly project? Yes/ No

Minimum Age of Volunteer:

Project Location: _____

Project Time (from-to, a.m. p.m.): _____

Directions to Project (attach map if available):

Parking for volunteers: _____

Meeting point for volunteers: _____

Special instructions (i.e. wear sturdy shoes, bring a shovel):

Please return completed proposal to:

Impact Program Coordinator
Metro Volunteers
444 Sherman St., Suite 100
Denver, CO 80203

Email: metrovol@metrovolunteers.org
Phone: 303-282-1234 x313
Fax: 303-282-1242