



Ottawa Volunteer Center 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 OVC projects include an introduction to the agency's mission and reflection*

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: _____

Lunch, snacks or water provided by your agency: _____

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

Rain plan (if outdoor): _____

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

Volunteer Benefits or Additional Information (please list any special agency goals and policies. If an orientation is required prior to the project, etc.): _____

Please return this form to:

Ottawa Volunteer Center at ECKAN, 1320 S. Ash, PO Box 40, Ottawa, KS 66067
Phone: (785) 242-7450 x7209 Fax: (785) 242-0305 e-mail: lrivers@eckan.org