

PART I – Volunteer Project Proposal

Submit this form to the Volunteer Service Project Chair for review by the committee.

Submit to: **Bruce Hill** (euplotes@msn.com)

Or mail to:

**Historic Rivers Chapter Virginia Master Naturalist
PO BOX 6424
Williamsburg, VA 23187**

NOTE: The form below is a table. Just tab from cell to cell or click on the box to type your information.

Date of Submission:	July 16, 2009									
Project/Event Name:	HRCVMN Toolbox									
Project Chair (HRCVMN):	<table border="1"> <tr> <td>Name:</td> <td>Larry Riddick</td> </tr> <tr> <td>Email:</td> <td>larryriddick@cox.net</td> </tr> <tr> <td>Phone:</td> <td>757-868-7663</td> </tr> </table>		Name:	Larry Riddick	Email:	larryriddick@cox.net	Phone:	757-868-7663		
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Person submitting: if other than above	<table border="1"> <tr> <td>Name:</td> <td>Same as above</td> </tr> <tr> <td>Email:</td> <td></td> </tr> <tr> <td>Phone:</td> <td></td> </tr> </table>		Name:	Same as above	Email:		Phone:			
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Email:										
Phone:										
Partner Organization:	<table border="1"> <tr> <td>State</td> <td>None</td> </tr> <tr> <td>Local</td> <td>None</td> </tr> <tr> <td>Other</td> <td>None</td> </tr> </table>		State	None	Local	None	Other	None		
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Local	None									
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Contact Person/Information: if appropriate	<table border="1"> <tr> <td>Name:</td> <td>N/A</td> </tr> <tr> <td>Email:</td> <td>N/A</td> </tr> <tr> <td>Phone:</td> <td>N/A</td> </tr> <tr> <td>Address:</td> <td>N/A</td> </tr> </table>		Name:	N/A	Email:	N/A	Phone:	N/A	Address:	N/A
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Timeframe: Be as specific as possible with date(s) or start and	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>One-time event, specify date</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Brief duration, specify start and ending time</td> </tr> </table>		<input type="checkbox"/>	One-time event, specify date	<input type="checkbox"/>	Brief duration, specify start and ending time				
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ending times.		Seasonal																																
	X	Continuous																																
Location(s) Where will the project take place?		One location																																
		Several places																																
	X	A variety of places																																
	Please identify /explain: Individual items in the toolbox inventory can be in the custody of any chapter member. The inventory of these items is to be maintained by the project chair and posted on the chapter web site.																																	
Type of Event Select all that apply	Descriptors: Select all that apply																																	
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Description: What does the project entail? What will participants actually do? If this is a speaking	The toolbox is intended to provide an inventory of specimens, supplies, equipment, and reference materials available for use by HRCVMN members in support of their projects. The inventory furnishes a description, location, and point of contact for each item. Because our chapter is disbursed over a large area and currently lacks a central storage facility, members are encouraged to retain custody of items they wish to donate.																																	

<p>engagement, what is the topic?</p>	<p>Members who wish to make use of toolbox items may contact the custodian(s) of those items and arrange for pickup and return..</p>	
<p>Experience or Training Needed:</p>	<input checked="" type="checkbox"/>	<p>No prior experience needed</p>
	<input type="checkbox"/>	<p>Prior experience needed or preferred. Please explain below.</p>
	<input type="checkbox"/>	<p>Training will be provided. Please give details below</p>
<p>Are minors involved?</p>	<input type="checkbox"/>	<p>Yes</p>
	<input checked="" type="checkbox"/>	<p>No</p>
	<p>If so, all volunteers must be trained in working with youth and the Above Suspicion policy.</p>	
<p>Estimated Prep Time: e.g., hours of prep for speaking engagement</p>	<p>N/A</p>	<p>Hours</p>
<p>Resources provided: e.g., resources are provided for the volunteers by the partner agency</p>	<p>N/A</p>	
<p>Resources needed: Volunteers or the chapter must provide with cost, if appropriate.</p>	<p>N/A</p>	

<p>Safety</p> <p><u>In an emergency, always call 911!</u></p>	<p>Will you need the first aid kit?</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Yes</td> </tr> <tr> <td>X</td> <td>No</td> </tr> </table> <p>If yes, please contact Susan Powell (smapowell@cox.net or 564-4542) to check-out the first aid kit.</p> <p>What hazards might the volunteers encounter?</p> <p>How will the risks associated with these hazards be minimized?</p>	<input type="checkbox"/>	Yes	X	No										
<input type="checkbox"/>	Yes														
X	No														
<p>Project Evaluation: How will the project be evaluated both during implementation and after completion?</p>	<p>Will you do any of the following? Select all that apply.</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Collect data and measure change</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Use an evaluation (e.g., survey, satisfaction measure)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Ask for feedback from participants</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Ask for feedback from partner agencies</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Observe and provide feedback to the VMN chapter</td> </tr> <tr> <td>X</td> <td>This project does not require evaluation</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other - please give details below</td> </tr> </table>	<input type="checkbox"/>	Collect data and measure change	<input type="checkbox"/>	Use an evaluation (e.g., survey, satisfaction measure)	<input type="checkbox"/>	Ask for feedback from participants	<input type="checkbox"/>	Ask for feedback from partner agencies	<input type="checkbox"/>	Observe and provide feedback to the VMN chapter	X	This project does not require evaluation	<input type="checkbox"/>	Other - please give details below
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<p>How will the VMN program be recognized?</p>	<p>Will you do any of the following? Select all that apply.</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Collect information or photo for a newspaper article</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Identify possible awards or other recognition given</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other – please give details below</td> </tr> </table>	<input type="checkbox"/>	Collect information or photo for a newspaper article	<input type="checkbox"/>	Identify possible awards or other recognition given	<input type="checkbox"/>	Other – please give details below								
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For VSP Committee use:					
<i>Approval</i>	<table border="1"><tr><td><input type="checkbox"/></td><td>Yes</td></tr><tr><td><input type="checkbox"/></td><td>No</td></tr></table>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes				
<input type="checkbox"/>	No				
<i>Comments:</i>					
<i>Project Number:</i>					

