

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:	January 29, 2010	
Project/Event Name:	Red-shouldered Hawk Study	
Project Chair (HRCVMN):	Name:	Shirley Devan
	Email:	Sedevan52@cox.net
	Phone:	757-813-1322
Person submitting: if other than above	Name:	Same as above
	Email:	
	Phone:	
Partner Organization:		State
		Local: Center for Conservation Biology at College of William and Mary/Virginia Commonwealth University
		Other
Contact Person/Information: if appropriate	Name:	Bill Williams, Director of Education, Center for Conservation Biology, W&M
	Email:	jwwil2@wm.edu
	Phone:	757-229-1124
	Address:	
Timeframe: Be as specific as possible with date(s) or start and ending times.		One-time event, specify date
		Brief duration, specify start and ending time:
		Seasonal
		Continuous: yes – yearly in spring -- Late February through April

<p>Location(s) Where will the project take place?</p>	<table border="1"> <tr> <td data-bbox="500 212 560 268"></td> <td data-bbox="560 212 1490 268">One location: Greater Williamsburg area</td> </tr> <tr> <td data-bbox="500 268 560 325"></td> <td data-bbox="560 268 1490 325">Several places</td> </tr> <tr> <td data-bbox="500 325 560 382"></td> <td data-bbox="560 325 1490 382">A variety of places</td> </tr> </table> <p>Please identify /explain:</p>		One location: Greater Williamsburg area		Several places		A variety of places																										
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<p>Description: What does the project entail? What will participants actually do? If this is a speaking engagement, what is the topic?</p>	<p>The Center for Conservation Biology wants to engage naturalists and citizen scientists with locating Red-Shouldered Hawk (RSHA) nests in the greater Williamsburg area. The nest-searching period would be from late February through April. When the young are 2-5 weeks old, CCB plans to band them with a red band inscribed with a unique alphanumeric code. These bands will be field readable with binoculars or a scope so that post-nesting resighting data on individual birds can be gathered. Nest searching and nest monitoring volunteers are needed to assist CCB during the banding activities. This project will be ongoing and will provide volunteers the opportunity to work with the species for several years. The Center is in the process of creating a website for the project, which it hopes to be up and running soon at www.ccb-wm.org</p>																																

Experience or Training Needed:	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>No prior experience needed</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prior experience needed or preferred. Please explain below.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Training will be provided. Please give details below</td> </tr> </table>	<input checked="" type="checkbox"/>	No prior experience needed	<input type="checkbox"/>	Prior experience needed or preferred. Please explain below.	<input type="checkbox"/>	Training will be provided. Please give details below
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Are minors involved?	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Yes</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>No</td> </tr> </table> <p>If so, all volunteers must be trained in working with youth and the Above Suspicion policy.</p>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No		
<input type="checkbox"/>	Yes						
<input checked="" type="checkbox"/>	No						
Estimated Prep Time: e.g., hours of prep for speaking engagement	<table border="1"> <tr> <td>0 hours</td> <td>Hours</td> </tr> </table>	0 hours	Hours				
0 hours	Hours						
Resources provided: e.g., resources are provided for the volunteers by the partner agency	Resources are provided by Center for Conservation Biology which is in the process of creating a web site for this study which will be available soon at: www.ccb-wm.org						
Resources needed: Volunteers or the chapter must provide with cost, if appropriate.	Volunteers will need binoculars to monitor RSHA nests.						
Safety <u>In an emergency, always call 911!</u>	<p>Will you need the first aid kit?</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Yes</td> </tr> <tr> <td><input checked="" type="checkbox"/></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? Usual risks associated with</p>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No		
<input type="checkbox"/>	Yes						
<input checked="" type="checkbox"/>	No						

	<p>observing wildlife in wooded areas in winter.</p> <p>How will the risks associated with these hazards be minimized? Volunteers should wear appropriate footwear (boots) and long pants and long sleeves for walking in woods.</p>														
<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 checked="" 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 checked="" type="checkbox"/></td> <td>Observe and provide feedback to the VMN chapter and newsletter.</td> </tr> <tr> <td><input type="checkbox"/></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 checked="" type="checkbox"/>	Ask for feedback from participants	<input type="checkbox"/>	Ask for feedback from partner agencies	<input checked="" type="checkbox"/>	Observe and provide feedback to the VMN chapter and newsletter.	<input type="checkbox"/>	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 checked="" 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. Center for Conservation Biology may recognize HRC VMN for their participation in the CCB’s periodic reports on the project.</td> </tr> </table>	<input checked="" 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. Center for Conservation Biology may recognize HRC VMN for their participation in the CCB’s periodic reports on the project.								
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<i>For VSP Committee use:</i>		
<i>Approval</i>	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
<i>Comments:</i>		
<i>Project Number:</i>		

PART II: Summary Report

Part II helps to identify the quality of projects and the impact on the chapter and the community. Submit this form to the Chapter President within 10 days after completion of the speaking engagement, project, or other activity. If the project/event is ongoing, please combine your data on this form or in a report and submit to the Chapter President by December 15 so those data can be included in the annual report.

Submit to: Chapter President - **Susan Powell** (smapowell@cox.net)

Or mail to:

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

Project or Event Name:								
Project Chair: <small>Include contact information if not previously submitted</small>	<table border="1"> <tr> <td style="width: 150px;">Name:</td> <td></td> </tr> <tr> <td>Email:</td> <td></td> </tr> <tr> <td>Phone:</td> <td></td> </tr> </table>		Name:		Email:		Phone:	
Name:								
Email:								
Phone:								
Other VMN volunteers involved:								
Date of Event(s):								
Location(s):								
Duration:								
Preparation Hours:	<table border="1"> <tr> <td style="width: 150px;"></td> <td>Hours</td> </tr> </table>			Hours				
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Audience Participants:	<table border="1"> <tr> <td style="width: 150px;"></td> <td>number of children</td> </tr> <tr> <td></td> <td>number of adults</td> </tr> </table>			number of children		number of adults		
	number of children							
	number of adults							

Audience Characteristics: e.g., under-served population and/or potential master naturalists, other					
Summary of Event : Include changes from original proposal, area of impact, and information about VMN role					
Evaluation: Successes, participant satisfaction, lessons learned, future guidance, reasons to work with (or not) the organization in the future, ideas for speakers or engagements, etc.					
Are you willing to repeat this activity?	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td>Yes</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td>No</td> </tr> </table>		Yes		No
	Yes				
	No				