



**PART I – Volunteer Project Proposal**

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.*

<b>Date of Submission:</b>	3/15/10									
<b>Project/Event Name:</b>	Community Collaborative Rain, Hail, and Snow Network (CoCoRaHS) www.cocorahs.org									
<b>Project Chair (HRCVMN):</b>	<table border="1"> <tr> <td>Name:</td> <td>Dean Shostak</td> </tr> <tr> <td>Email:</td> <td>deanarmonica@aol.com</td> </tr> <tr> <td>Phone:</td> <td>H:757-229-8863 C: 757-880-4697</td> </tr> </table>		Name:	Dean Shostak	Email:	deanarmonica@aol.com	Phone:	H:757-229-8863 C: 757-880-4697		
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<b>Person submitting:</b> if other than above	<table border="1"> <tr> <td>Name:</td> <td></td> </tr> <tr> <td>Email:</td> <td></td> </tr> <tr> <td>Phone:</td> <td></td> </tr> </table>		Name:		Email:		Phone:			
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Email:										
Phone:										
<b>Partner Organization:</b>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>State</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Local</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other CoCoRaHS www.cocorahs.org</td> </tr> </table>		<input type="checkbox"/>	State	<input type="checkbox"/>	Local	<input type="checkbox"/>	Other CoCoRaHS www.cocorahs.org		
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<b>Contact Person/Information:</b> if appropriate	<table border="1"> <tr> <td>Name:</td> <td>Mike Montefusco, Regional Coordinator, CoCoRaHS</td> </tr> <tr> <td>Email:</td> <td>Michael.Montefusco@noaa.gov</td> </tr> <tr> <td>Phone:</td> <td></td> </tr> <tr> <td>Address:</td> <td>National Weather Service Wakefield, VA</td> </tr> </table>		Name:	Mike Montefusco, Regional Coordinator, CoCoRaHS	Email:	Michael.Montefusco@noaa.gov	Phone:		Address:	National Weather Service Wakefield, VA
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<b>Timeframe:</b> Be as specific as possible with date(s) or start and ending times.	<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> <tr> <td><input type="checkbox"/></td> <td>Seasonal</td> </tr> </table>		<input type="checkbox"/>	One-time event, specify date	<input type="checkbox"/>	Brief duration, specify start and ending time	<input type="checkbox"/>	Seasonal		
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<b>Description:</b> What does the project entail? What will participants actually do? If this is a speaking engagement, what is the topic?	<p>CoCoRaHS is a unique, non-profit, community-based network of volunteers of all ages and backgrounds working together to measure and map precipitation (rain, hail and snow). By using low-cost measurement tools, stressing training and education, and utilizing an interactive Web-site, CoCoRaHS's aim is to provide the highest quality data for natural resource, education and research applications. CoCoRaHS is now in all fifty states.</p> <p>CoCoRaHS is used by a wide variety of organizations and individuals. The National Weather Service, other meteorologists, hydrologists, emergency managers, city utilities (water supply, water conservation, storm water), insurance adjusters, USDA, engineers, mosquito control, ranchers and farmers, outdoor &amp; recreation interests, teachers, students, and neighbors in the community are just some examples of those who visit the CoCoRaHS Web site and use the data.</p> <p>At 7:00 a.m. each day, volunteers measure the last 24 hour precipitation and log the data in using the CoCoRaHS website. If days are missed, multiple day entries are accepted. There is also data entry for the storm duration and other weather observations. I have attached a pdf with this application to show what the form entails. In searching the internet, I found many Master Naturalist chapters that have CoCoRaHS as an approved volunteer project with 30 minutes/week or 2 hrs/month.</p>																																

<b>Experience or Training Needed:</b>	<table border="1"> <tr> <td><input 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 checked="" type="checkbox"/></td> <td>Training will be provided. Please give details below</td> </tr> </table> <p>CoCoRaHS has periodic training sessions, but allows participants to do training online using the slide show training program.</p>	<input type="checkbox"/>	No prior experience needed	<input type="checkbox"/>	Prior experience needed or preferred. Please explain below.	<input checked="" type="checkbox"/>	Training will be provided. Please give details below
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<b>Are minors involved?</b>	<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						
<b>Estimated Prep Time:</b> e.g., hours of prep for speaking engagement	<table border="1"> <tr> <td>3</td> <td>Hours (Watching online slide show. Install post and attaching rain gauge)</td> </tr> </table>	3	Hours (Watching online slide show. Install post and attaching rain gauge)				
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<b>Resources provided:</b> e.g., resources are provided for the volunteers by the partner agency							
<b>Resources needed:</b> Volunteers or the chapter must provide with cost, if appropriate.	Each volunteer will need to purchase an official CoCoRaHS rain gauge for \$25.25 plus shipping. Each volunteer will also need to spend about \$7.00 for a 4x4 post to install the rain gauge in his or her backyard.						
<b>Safety</b>  <b><u>In an emergency, always call 911!</u></b>	<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>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No		
<input type="checkbox"/>	Yes						
<input checked="" type="checkbox"/>	No						

	<p>If yes, please contact Susan Powell (<a href="mailto:smapowell@cox.net">smapowell@cox.net</a> or 564-4542) to check-out the first aid kit.</p> <p>What hazards might the volunteers encounter? None.</p> <p>How will the risks associated with these hazards be minimized?</p>														
<p><b>Project Evaluation:</b> 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 style="text-align: center;">X</td> <td>Collect data and measure change</td> </tr> <tr> <td></td> <td>Use an evaluation (e.g., survey, satisfaction measure)</td> </tr> <tr> <td></td> <td>Ask for feedback from participants</td> </tr> <tr> <td></td> <td>Ask for feedback from partner agencies</td> </tr> <tr> <td style="text-align: center;">X</td> <td>Observe and provide feedback to the VMN chapter</td> </tr> <tr> <td></td> <td>This project does not require evaluation</td> </tr> <tr> <td></td> <td>Other - please give details below</td> </tr> </table>	X	Collect data and measure change		Use an evaluation (e.g., survey, satisfaction measure)		Ask for feedback from participants		Ask for feedback from partner agencies	X	Observe and provide feedback to the VMN chapter		This project does not require evaluation		Other - please give details below
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<p><b>How will the VMN program be recognized?</b></p>	<p>Will you do any of the following? Select all that apply.</p> <table border="1"> <tr> <td style="text-align: center;">X</td> <td>Collect information or photo for a newspaper article</td> </tr> <tr> <td></td> <td>Identify possible awards or other recognition given</td> </tr> <tr> <td></td> <td>Other – please give details below</td> </tr> </table>	X	Collect information or photo for a newspaper article		Identify possible awards or other recognition given		Other – please give details below								
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<b><i>For VSP Committee use:</i></b>					
<i>Approval</i>	<table border="1"> <tr> <td data-bbox="467 323 526 380"></td> <td data-bbox="526 323 1468 380">Yes</td> </tr> <tr> <td data-bbox="467 380 526 436"></td> <td data-bbox="526 380 1468 436">No</td> </tr> </table>		Yes		No
	Yes				
	No				
<i>Comments:</i>					
<i>Project Number:</i>					