

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:	8 February 2010									
Project/Event Name:	Parks and Recreation Expo, James City County									
Project Chair (HRCVMN):	<table border="1"> <tr> <td>Name:</td> <td>Susan Powell</td> </tr> <tr> <td>Email:</td> <td>smapowell@cox.net</td> </tr> <tr> <td>Phone:</td> <td>757-564-4542</td> </tr> </table>		Name:	Susan Powell	Email:	smapowell@cox.net	Phone:	757-564-4542		
Name:	Susan Powell									
Email:	smapowell@cox.net									
Phone:	757-564-4542									
Person submitting: 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:			
Name:										
Email:										
Phone:										
Partner Organization:	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>State</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Local - James City County Parks and Recreation</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other</td> </tr> </table>		<input type="checkbox"/>	State	<input checked="" type="checkbox"/>	Local - James City County Parks and Recreation	<input type="checkbox"/>	Other		
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Contact Person/Information: if appropriate	<table border="1"> <tr> <td>Name:</td> <td>Nancy Ellis</td> </tr> <tr> <td>Email:</td> <td>nellis@james-city.va.us</td> </tr> <tr> <td>Phone:</td> <td>757-259-3200</td> </tr> <tr> <td>Address:</td> <td>5300 Palmer Lane Suite 1A Williamsburg, VA 23188</td> </tr> </table>		Name:	Nancy Ellis	Email:	nellis@james-city.va.us	Phone:	757-259-3200	Address:	5300 Palmer Lane Suite 1A Williamsburg, VA 23188
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Email:	nellis@james-city.va.us									
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Address:	5300 Palmer Lane Suite 1A Williamsburg, VA 23188									
Timeframe: 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> </table>		<input type="checkbox"/>	One-time event, specify date	<input type="checkbox"/>	Brief duration, specify start and ending time				
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	<input type="checkbox"/>	Seasonal
	<input checked="" type="checkbox"/>	Continuous - probably once per year in February.
Location(s) Where will the project take place?	<input checked="" type="checkbox"/>	One location
	<input type="checkbox"/>	Several places
	<input type="checkbox"/>	A variety of places
	Please identify /explain: James City /Williamsburg Community Center 5301 Longhill Road, Williamsburg, VA 23188	
Type of Event Select all that apply	Descriptors: Select all that apply	
	<input checked="" type="checkbox"/>	Display/poster at a fair, community program, or workshop
	<input type="checkbox"/>	Speaking for a class, club, or public event
	<input type="checkbox"/>	Training or conference presentation
	<input type="checkbox"/>	Education/interpretation for children
	<input checked="" type="checkbox"/>	Education/interpretation for adults
	<input type="checkbox"/>	Counts (e.g., bird, butterfly, etc.)
	<input type="checkbox"/>	Monitoring (e.g., bird nests, water quality, etc.)
	<input type="checkbox"/>	WildlifeMapping or collecting data
	<input type="checkbox"/>	Habitat restoration, planting, or trail maintenance
	<input checked="" type="checkbox"/>	Volunteer development or chapter management
<input type="checkbox"/>	Other – Please explain below	
Description: What does the project entail? What will participants actually do? If this is a speaking engagement, what is the topic?	Participants will present a display that will be designed to give information about the Virginia Master Naturalist Program, to reach out to potential partners, and to recruit new members to our chapter.	

Experience or Training Needed:	<table border="1"> <tr> <td style="width: 30px; text-align: center;">x</td> <td>No prior experience needed</td> </tr> <tr> <td></td> <td>Prior experience needed or preferred. Please explain below.</td> </tr> <tr> <td></td> <td>Training will be provided. Please give details below</td> </tr> </table>	x	No prior experience needed		Prior experience needed or preferred. Please explain below.		Training will be provided. Please give details below
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Are minors involved?	<table border="1"> <tr> <td style="width: 30px;"></td> <td>Yes</td> </tr> <tr> <td style="text-align: center;">x</td> <td>No</td> </tr> </table> <p>If so, all volunteers must be trained in working with youth and the Above Suspicion policy.</p>		Yes	x	No		
	Yes						
x	No						
Estimated Prep Time: e.g., hours of prep for speaking engagement	<table border="1"> <tr> <td style="width: 100px; text-align: center;">2</td> <td>Hours</td> </tr> </table>	2	Hours				
2	Hours						
Resources provided: e.g., resources are provided for the volunteers by the partner agency	Table and electricity						
Resources needed: Volunteers or the chapter must provide with cost, if appropriate.	The chapter will provide the display materials.						
Safety <u>In an emergency, always call 911!</u>	<p>Will you need the first aid kit?</p> <table border="1"> <tr> <td style="width: 30px;"></td> <td>Yes</td> </tr> <tr> <td style="text-align: center;">x</td> <td>No</td> </tr> </table>		Yes	x	No		
	Yes						
x	No						

	<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>none</p> <p>How will the risks associated with these hazards be minimized?</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 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><input checked="" 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 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	<input checked="" type="checkbox"/>	This project does not require evaluation	<input type="checkbox"/>	Other - please give details below
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<input checked="" type="checkbox"/>	This project does not require evaluation														
<input type="checkbox"/>	Other - please give details below														
<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</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								
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<i>For VSP Committee use:</i>					
<i>Approval</i>	<table border="1"> <tr> <td data-bbox="467 323 527 380"></td> <td data-bbox="527 323 1468 380">Yes</td> </tr> <tr> <td data-bbox="467 380 527 436"></td> <td data-bbox="527 380 1468 436">No</td> </tr> </table>		Yes		No
	Yes				
	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				
	Hours							
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				