

**PROJECT REQUEST FORM
JUNIOR SERVICE LEAGUE OF BEAUFORT
2011-2012**



Junior Service League
of Beaufort

**JUNIOR SERVICE LEAGUE OF BEAUFORT
PROJECT REQUEST FORM
SECTION I**

Instructions: Please complete all pages and applicable questions

NAME OF PROJECT : _____
Agency or Organization: _____

Mailing Address:: _____
Contact Person: _____ Title _____
Email Address: _____
Phone: _____
Website: _____

**JUNIOR SERVICE LEAGUE OF BEAUFORT
PROJECT REQUEST FORM
SECTION II**

1. Please give a brief history/description of the agency:

2. What geographical area(s) does your agency or organization serve?

3. What other community agencies or groups are providing the same or similar services or are attempting to solve the same community issues

4. Who is ultimately responsible for the administration of this project?

Individual: _____ Title: _____

Phone: _____

Email: _____

*Please attach a list of your Board of Directors.

**JUNIOR SERVICE LEAGUE OF BEAUFORT
PROJECT REQUEST FORM
SECTION III**

The JSLB will work to enrich the lives of the Beaufort community by focusing on the welfare of FAMILY. A family requires a balance of 5 key elements: home, food, clothing education and support. Please Check the PRIMARY area of impact that best describes your project.

- HOME
- FOOD
- CLOTHING
- EDUCATION
- SUPPORT

Please provide a brief summary of your project:

PROJECT INFORMATION

1. What community need will this project meet? Include research data, statistics, surveys or other indications of this need, if applicable.

2. List any other groups assisting with this project in a volunteer capacity.

3. What role would the Junior Service League play in this project?

4. Would this project exist without the volunteer support of the Junior League?

5. Give one qualitative benefit for this project (for example: What is the impact of this projects of the lives of the people served)

6. How many people will be served and how are they selected?

7. How will the families or individuals receive this service?

8. Is this a new project or an existing project?

9. What is your anticipated budget for this project?

10. Please list the funding sources and the amount from each source for the project.

**JUNIOR SERVICE LEAGUE OF BEAUFORT
PROJECT REQUEST FORM
SECTION IV**

VOLUNTEER PLACEMENT OPPORTUNITY REQUEST

AGENCY NAME: _____
PERSON RESPONSIBLE FOR TRAINING, SUPERVISING AND EVALUATING
VOLUNTEERS: _____

VOLUNTEER PLACEMENT OPPORTUNITY:

VOLUNTEER TITLE: _____

NUMBER OF VOLUNTEERS NEEDED: _____

JOB DESCRIPTION: _____

TRAINING DESCRIPTION: _____

REQUIRMENTS OR SKILLS NEEDED BY VOLUNTEER: _____

*PLACEMENT OBSERVATION: We realize that because of agency policy or confidentiality requirements, the observation of some placement by other league members may not be permitted. Please indicate whether others may observe:

NO OBSERVATION PLEASE

OBSERVATION IS PERMITTED

JUNIOR SERVICE LEAGUE OF BEAUFORT
PROJECT REQUEST FORM
SECTION V

VOLUNTEER PLACEMENT POSITIONS:

TIMES OF THE YEAR

- Fall
- Spring
- School Year

DAYS OF THE WEEK

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

TIMES/HOURS

- Day _____
- Evening _____
- Flexible _____