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Mayor

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10th Anniversary

NewtonSERVES 2010

Day of Community Service - April 25, 2010

PROJECT APPLICATION

DUE by MARCH 15 to be online by 4/1/10

There will be NO reminder, so please act today! Questions? 617-796-1290

2010 = 1 application for everyone! Please check 1 category that best describes you/your organization:

____ Newton Non-Profit &/or Community Service Agency
____ Citizen taking initiative for a local project

____ City of Newton Department or Public School

Note: We can not include projects for: For-Profit Organizations, Political Action Committees or Businesses. Thank you.

Name of Organization (if one): _____

And Full Address: _____ **Zip:** _____

Name of PROJECT: _____

It's our 10th Anniversary! How many years do you believe you have participated in NewtonSERVES? _____

Name of Project Liaison: (Main contact person who'll work with my office to ensure that communication & project goes smoothly):

Name of Project Leader: (for schools & some agencies, you provide the Leader who'll help manage volunteers, keep track of duties and assist the Liaison. Sometimes the Liaison & Leader are the same person):

His/her mailing address:

His/her mailing address:

City: _____ **Zip:** _____

City: _____ **Zip:** _____

PLEASE PRINT CLEARLY!

Phone: (_____) _____

Phone: (_____) _____

Email:

Email:

PROJECT DESCRIPTION -- Please type or print neatly in **black** ink for copying purposes
Reminder: Your Project must have need of a minimum of 6 volunteers for a half day (see questions below)

1. Provide a brief goal & description of the project. (Example: what will people be doing? Building, cleaning, or helping with what? How big is the area they are working in? What is the overall goal?)

2. Your PROJECT LIAISON must be on site April 25, 2010. (Large projects may need more people present.)
If you will have other people from your organization or group who you know will be working with volunteers that day, please list their names, addresses, phone and email on a separate sheet of paper.

3. WEATHER: We expect outdoor projects to take place despite light rain/drizzle.

Please evaluate your project and answer accordingly:

- Our outdoor project can take place in light rain/drizzle: Yes ___ No ___
- If it cannot, is there an alternative project that can be done indoors? Yes ___ No ___
- If alternative project, please describe that project on an additional page.
- Do you want to provide a date in case you have to re-schedule your project? Date: _____

4. TIME: What is the time duration of your project? (Check ONLY ONE)

___ **ALL DAY** (9:30am - 3:30pm w/lunch break), and, are you providing lunch? Yes ___ No ___

___ **AFTERNOON only** (12:30pm - 3:30pm) ___ **MORNING only** (9:30am - 12:30pm)

Note: Times may vary a little according to the project. Registration is 8:30-9:15am and 12-12:30pm. Closing "Sundaes on Sunday" Celebration starts at 3:30pm. If half day, consider afternoon as many people are in church Sunday mornings – but having some morning projects is fine. If your project time is different PLEASE INDICATE: _____

5. How many volunteers do you estimate that you can utilize for your project? # _____ (Minimum = 6)

Note: This is important. Put the total number you need, even if you know you may recruit some of them. I need to know how many you need in total. Estimate by thinking how many people you can keep busy during the hours of your project.

6. Check-off only the AGE and categories which are appropriate for the needs of your Project:

- | | |
|---|--|
| ___ Adults only (includes college age) | ___ Seniors can participate |
| ___ High School and older | ___ People with physical strength are needed |
| ___ Middle School (age 11) and older | ___ People with disabilities can participate |
| ___ Age 8 and older (need more supervision) | |

Note: Consider age appropriateness of tasks involved. Reminder - all participants should be part of a team with a supervising Team or Project Leader, and the Project Site must be supervised by the Project Liaison.

7. Is your project site accessible to people with disabilities to volunteer? Yes ___ No ___

8. Does your Project Site include accessibility to bathrooms? Yes ___ No ___

If no, where are the nearest ones? _____

9. SUPPORT & TOOLS:

Will you provide technical supervision, if needed? Yes ___ No ___ Not needed ___

Will you provide all the tools, equipment, and supplies? Yes ___ No ___ Not needed ___

LIST what tools & supplies the volunteers will be using (Ex: paint, anything toxic? What kind of tools?)

LIST what tools & supplies you WISH volunteers would bring Ex: hand gloves, boots, rakes, etc. (keep it simple!)

10. Please estimate the dollar value of this project to your agency or the community: \$ _____

Note: One easy way is the estimated # of volunteers times the # of hours they are expected to work, then multiply by the amount of \$ you would have to pay someone to have the job done. If in doubt about the pay amount, use \$10/hr.

**RETURN the Project Application and the Project Agreement Form
no later than MARCH 15 to be included in online registration for April 1.**

Questions? Contact Beverly at 617-796-1290 or bdroz@newtonma.gov

There is also a **Site Visit Check-off List** which you will complete and return by April 15.