SERVICE PROJECT SUBMISSION FORM

Your Name: _____ Email: _____ Mobile Phone: _____

Job Title (if Relevant): _____ Project Location(s): _____

Approximate Start Date of Project: _____ Approximate Completion Date of Project: _____

No. of Days Youth Must Work: ____ Volunteer or Paid: (must not violate any local laws): _____

Number of Youth who can help: _____ Average No. of Hours/Day Youth Must Work: ____

Will Other People Help Manage the Youth? Yes☐ No☐ If yes, who would that be: _____

Brief Description of the Project: _____

_____

_____

How is this Project Necessary and/or Helpful: _____

_____

Why Would Youth Achieve Satisfaction from Performing the Work in this Project: _____

_____

_____

Will Entity Youth Working Under Hold Accident or Liability Insurance? Yes☐ No☐

Will Lodging be Provided: Yes☐ No☐

Will Food/Meals be Provided: Yes☐ No☐