



Servefest Project Proposal

Please be as detailed as possible in the size and scope of your project description. City Vision will contact you if your project is approved and it will be posted for adoption.

Community/Church Partner or Organization:

Project Submitted by:

Email

Project Proposal

Project Address:

Project Description:

Project Time: Check One or Both: _____ 9:00 am - 1:00 pm _____ Other (specify)

Tools/Supplies Needed:

Brought by Team or Provided on Site:

Special Skills Required:

Number of Volunteers Needed on Team:

Volunteers Permitted If Checked: _____ Under 14 years _____ 14-18 years _____ Over 18 years

Household Members (if applicable):

Project Location Phone Number:

Directions

Special Notes:

Project Contact Person During ServeFest Day

Name:

Check One: Staff _____ Volunteer _____

Email:

Phone Number:

Phone on Site Servefest Day: