

Service Project Planning Worksheet

The Office of Community Engagement & Service

Name of Project: _____

Dates Begin: _____ End: _____

Times Begin: _____ End: _____

Location: _____

Brief Description: _____

Site Contact Information: _____

Planned Activities: _____

Will you be providing food? What is the estimated cost? _____

Do you need transportation? For how many people? _____

What are the planned reflection activities? _____

How will you promote this opportunity? _____

Volunteer Tracking

	Name	Contact Info	Confirmed?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Transportation

	Sedan (5)	Minivan (7)	8-Pass Van	12-Pass	Personal
# Needed					

**Please return a copy of this worksheet to the Office of
Community Engagement & Service!
Thanks!**