



Volunteer Activity & Project Planning Form

Thank you for your interest in Children's Harbor!

Please read through, complete this form, and submit it to least 2 weeks prior Children's Harbor to begin planning your activity.

If you should have any questions, please contact the Development Coordinator
Phone: 954-252-3072; Email: info@childrensharbor.org

Your activity will not be confirmed unless this form is submitted at least 2 weeks prior to the activity.

Contact Name: _____ Organization: _____

Date of Activity: _____ Start Time: _____ End Time: _____

Will you need to arrive earlier to set up? ____ Yes ____ No If yes, what time? _____

Will the children need special attire? Please explain and/or list: _____

What food/drinks will be provided (If applicable, be specific): *Please plan to bring all food, utensils, paper products, condiments, tablecloths, etc. _____

What areas will you be using for your activity?

- Multipurpose field Pavilion
- Indoors Playground

How many volunteers will be attending? _____

Do you plan on giving gifts or gifts cards to the children or bring any donations for the agency? ____ Yes ____ No

If yes, what will you be bringing? _____

Please remember to give the items to a staff member and NOT directly to the children.

Approximate Value (Cost) of Activity/Project: \$ _____

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Additional Comments/Information: _____

Acknowledgment

I have read the Volunteer Activity & Project Guidelines and I understand what is expected from my group and/or organization.

Confidentiality Statement

I understand that in the course of my association with Children's Harbor, I share the responsibility of maintaining the confidentiality of the children and families served. I agree to respect and preserve the confidential nature of all information that I may have access to during the activity and/or project. I will communicate to my group that children's names should not be repeated off campus and pictures cannot be taken.

Signature: _____

Print: _____

Date: _____

Please return form to:

Development Coordinator

Email: info@childrensharbor.org

Fax: 954.252.7134

Mail: 19425 SW 58th Manor, Pembroke Pines, FL 33332

Thank you for choosing to volunteer with Children's Harbor.

We look forward to your visit!

FOR CHILDREN'S HARBOR USE:

Pre-Event:

Activity Added to Residential Calendar: __Y__N Onsite Staff Contact: _____

Brief Activity details: _____

Post Event:

_____ Activity Form submitted to Development Department

Confidentiality form signed & submitted to Development Department: __Y__N

Were donations received: __Y__N Donation form completed & submitted to Development Department: __Y__N

DEVELOPMENT DEPARTMENT USE ONLY:

Activity entered: __Y__N

Acknowledgement sent : __Y__N

