

**Community Champion Project Application Form
2015**

Community Champion Information	
Community Champion Name	
Community Champion Email	
Community Champion Phone	
Address	
City	
State	
Zip Code	
Will you lead the volunteers on the day of the event?	Yes _____ No _____

Nonprofit/School Community Partner Information	
Organization/School's Name	
Street Address	
City	
State	
Zip	
Phone	
Website	
Name of Contact	
Title of Contact	
Contact Email	
Contact Office Phone	
Contact Cell Phone	
Does the proposed partner have a 501(c)(3) status?	Yes _____ No _____
Organization's Mission	
How many students, clients, families, etc. does the organization serve? (e.g., number of students, number of pantries supplied by a food bank, number of seniors accommodated, etc.)	

Project Details	
Project Date	Friday, May 29 _____ or Saturday, May 30 _____
Project Start Time	
Project End Time	
Is the project address different from organization address?	Yes _____ No _____
If yes, provide the project address	
In one to three sentences, provide a description of your project	
How will the proposed project support the organization's mission and needs?	
How many students, clients, seniors, families, etc. will the project directly impact? (e.g. 30 seniors will be served lunch)	

Volunteer Recruitment and Volunteer Activities	
What specifically will the volunteers work on the day of the project?	
Where specifically will volunteers be working? (i.e. the garden on the north side of the building, gym, donation room on 3 rd floor)	
How many volunteers do you need Chicago Cares and WBEZ to recruit for your project?	
How many volunteers will you or the organization be recruiting for the event (this is not required)	
Are there any special skills required to complete activities?	Yes _____ No _____
If yes, list special skills:	

