

# Project Planning Worksheet



**Good PLANNING is CRITICAL to a successful Day of Caring**

**Make sure you have accurate partner contact info:**

Name: _____
Phone: W: _____ C: _____
Email: _____
Secondary contact: _____

## Logistics for the day:

Number of volunteers expected: \_\_\_\_\_ Number of agency staff present: \_\_\_\_\_

Shifts or all at once: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_ Lunch time: \_\_\_\_\_

How long will your agency/school tour or orientation take? \_\_\_\_\_

Agenda or Work Plan for the day:

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- 
- 
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When will you visit the project site prior to Day of Caring? \_\_\_\_\_

Parking: \_\_\_\_\_ Bathrooms: \_\_\_\_\_

Safety tips or concerns: \_\_\_\_\_

Suggested clothing/attire: \_\_\_\_\_

Rain plan or Back up project plan:

\_\_\_\_\_

## Who's bringing what?

WHAT	AGENCY/SCHOOL	COMPANY VOLUNTEER TEAM
Tools/Equipment		
Supplies		
Water		
Lunch/Snacks		

Things to think about:

- Do you want to have nametags?
- Are there any confidentiality issues to consider with clients?
- Follow-up – How will you share pictures?

**Make your post project plans at our  
restaurant partner locations!**

