OLD RAG MASTER NATURALIST PROGRAM PROJECT PROPOSAL FORM

*ORMN members, please review the following documents:* 1) ORMN Projects*,* 2) Responsibilities of ORMN Project/Activity Contact and 3) ORMN Project Approval Guidelines *before submitting this Project Proposal Form.*

*Projects and activities implemented without approval are not considered Master Naturalist activities, do not count towards volunteer service hours, may not be accumulated or reported on VMN-VMS and do not carry the liability shield.*

*Contact the ORMN Projects Committee chair if you have any questions.*

**A. Project Name (may be modified by Projects Committee)**:  
Submitted By: Phone and Email Contact:

*You will automatically become the ORMN Contact if the proposal is approved.*

**B. Organization Information**

What organization coordinates or utilizes the volunteer service being proposed for approval?

If the organization is not a VMN sponsor, describe the organization, its background and goals and how the organization relates to managing, conserving or educating the public about Virginia’s natural resources. Include the organization’s website address and physical access. (*You may omit the answer to this section if you are proposing an activity with an organization already on the ORMN Project List*.)

Who within the organization supervises the volunteer service? Include Contact information.

**C. Project/Activity Information:**

What type of volunteer service is involved? *(Education. Citizen Science or Stewardship?)*

*Please answer the following questions for* ***each type*** *(ED, CD, ST) of volunteer service that will be performed, (Expand the sections by entering text or attach additional pages, as necessary.)*1. What is the Project’s purpose and how will this project contribute to natural resource management, conservation, or education?

2. Describe the project generally.

3. If there is a primary location for the project activities, give the E911 address and directions from commonly known location. *A Google Map link would be great.*

4. If there is no primary location, described how the locations are determined and within what political subdivision and geographical area (what watershed, for example).

5. What specifically will volunteers being doing? (Treat this like a Job Description).

6. Other than possible exposure to heat, cold, dampness, rain, sun, ticks, poison ivy, snakes & insect bites and stings, what physical requirements and safety hazards are involved (include footing, terrain and average distance)?

7. Are there any special requirements, such as lifting ability, payment of entrance fees? 8. Is prior experience required or preferred?

*If yes*, describe. 9. Is training required?

*If yes*, how will it be provided and supervised?  
10. How long will the project or activity continue? For example, unlimited years, or if limited,

describe.

11. What commitment of time will the volunteer need to make? Include frequency, duration, season.

12. What resources will the volunteer be provided?  
14. What resources will the volunteer need to provide?

15. What non-financial support will ORMN be asked to provide? *(ORMN does not provide financial support for volunteer service opportunities.)*

16. **Are minors involved? YES NO**

*If yes,*

*Additional information you think the Projects Committee may find helpful in its review of this proposal:*

*For Projects Committee Only: Project approved? YES/NO Date of approval:*