

Site Visit Checklist

AGENCY NAME			
Agency Contact Name:			
October 3 contact name and cell phone #:		October 3 contact email:	
Project Address (including cross street)			
Specific Directions to Site (from the kick-off location), Parking and Public Transit			
Location for volunteers to meet			
If there is a parking fee, can it be waived?			
Is agency rep available to give 5 minute or less intro. to agency/mission?			

PROJECT			
Project Start Time:		End Time:	
Project Description			
Project Priorities			
What other work can be done if the volunteers finish early?			
If task requires special skills, who at the agency will demonstrate to the volunteers?			
Create a Basic Agenda for the			

Day	
Plan in case of rain or emergency	
Work that can be done for volunteers with limited physical abilities (i.e. bad back, pregnancy)	

VOLUNTEERS				
Is there a break area?				
Can the agency provide snacks or drinks? (not required, but it is encouraged)				
On site restrooms?	Yes	No	If no, what's the alternative?	
Confirm #'s of Volunteers	Min:		Max:	
Family Friendly (children and parents)?				
Is site accessible for volunteers with disabilities, i.e. wheelchairs?				

PROJECT SAFETY				
Any red flags with this project? Examples: steep bank, no shade, little ventilation, poison oak				
Does the site have a first aid kit?				
Cell phone reception? If not, is there an emergency line?				
Any other issues?				
SUBMITTED BY:				

Submit to Regional Program Manager