

I care. I volunteer.

Volunteer Project Submission Form

KPCares.org

Today's Date:		Information on this form submitted by:	
PROJECT INFORMATION			
Organization Name*:			
Project Name*:			
Project Type*: (check one) <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National/International			
Would you like volunteers to sign up through the Kaiser Permanente volunteer website or through your organization's website?* (check one) <input type="checkbox"/> KP Cares website <input type="checkbox"/> Other website If other website, please provide web address for registration:			
Project Start Date*:		Project End Date*:	Project Rain Date: (if applicable)
Start Time*:		End Time*:	Time zone:
Is this project*: (check one) <input type="checkbox"/> One-day only event <input type="checkbox"/> Multi-day event <input type="checkbox"/> On-going			
Type of Activity*: <input type="checkbox"/> Blood Drive <input type="checkbox"/> Board Development <input type="checkbox"/> Building/ Construction <input type="checkbox"/> Clerical <input type="checkbox"/> Disaster Relief/ Response <input type="checkbox"/> Educational Activity		<input type="checkbox"/> Environmental Clean-up <input type="checkbox"/> Event Coordination <input type="checkbox"/> Food/ Gift Drive <input type="checkbox"/> Fundraising <input type="checkbox"/> Gardening/ Planting <input type="checkbox"/> Mentoring <input type="checkbox"/> Non-Clinical Health/ Wellness	<input type="checkbox"/> Painting/ Renovations <input type="checkbox"/> Product/ Clothing Drive <input type="checkbox"/> Soup Kitchen/ Food Pantry <input type="checkbox"/> Technology Activity <input type="checkbox"/> Walks/ Runs <input type="checkbox"/> Other
Skills Needed (optional):			
Project description*:			
Additional information: Please include links to URLs, directions, language regarding safety considerations, clothing requirements, or other vital volunteer information in this field.			
Number of people benefitting from this project?		Registration deadline:	
Does this project require time slots? * <input type="checkbox"/> yes <input type="checkbox"/> no			
Minimum number of volunteers needed?*	Maximum number of volunteers needed? *	Can friends or family of KP staff or KP retirees participate in project? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Appropriate for children aged: _____ to _____
Will you organize transportation for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this project: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor Explain: (optional)	
Does this project require physical stamina?* <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this project handicapped accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	

* Required information

I care. I volunteer.

Volunteer Project Submission Form

KPCares.org

PROJECT CONTACT AND LOCATION

Prefix (Mr, Ms, Mrs, Dr)	Project contact person:*		
Address line 1:*	City:*	State:*	
Address line 2:	Zipcode:*	Country:*	
Phone: () -	Email:	Fax: () -	

ORGANIZATION INFORMATION

Address line 1:*	City:*	State:*
Address line 2:	Zipcode:*	Country:*
Website:	EIN:	

Please send completed form to **Cindy Gaytan, Public Affairs, Kaiser Permanente Baldwin Park Medical Center** via e-mail to **Cindy.Gaytan@kp.org** or by fax to **(626) 851-5228**. If you have any questions or need additional information, please call **(626) 851-5879**.

* Required information

Projects posted on KPCares.org must adhere to the following guidelines.

Only projects on behalf of eligible organizations or causes may be posted as volunteer activities on the KPCares.org website. Ineligible organizations or causes are defined as:

- Political candidates or organizations
- Candidates or elected officials' foundations
- Organizations that discriminate on the basis of race, color, religious creed, national origin, age, sex, marital status, sexual orientation, gender identify, handicap, disability, medical condition, or veteran status
- Faith-based organizations, except when the funds or activities are to support programs that serve the community and are open to the public, regardless of faith. Activities or events cannot be used to teach or advance a religious ideology.
- Non-health related advertising
- Non-health related media campaigns
- Field trips and tours
- Individuals
- Activities that conflict with Kaiser Permanente's solicitation policies
- Sports-related requests with exception of our medical mission