I care. I volunteer.

Volunteer Project Submission Form

KPCares.org

Today's Date:	Information on this fo	Information on this form submitted by:					
Project information							
Organization Name:*							
Project Name*:							
Project Type*: (check one)							
Would you like volunteers to sign up through the Kaiser Permanente volunteer website (KPCares.org) or through your organization's website?* (check one) KPCares.org Other website If other, please provide web address for registration:							
Project Start Date*:	Project End Date*:			Project Rain Date: (if applicable)			
Start Time*:	End Time*:	End Time*:		Time zone:			
Is this project*: (check one) ☐ One-day only event ☐ Multi-day event ☐ On-going							
Type of Activity*: Blood Drive Board Development Building/ Construction Clerical Disaster Relief/ Response Educational Activity	☐ Event Coordination☐ Food/ Gift Drive☐ Fundraising☐ Gardening/ Plantir☐ Mentoring	☐ Fundraising ☐ Gardening/ Planting		☐ Painting/ Renovations ☐ Product/ Clothing Drive ☐ Soup Kitchen/ Food Pantry ☐ Technology Activity ☐ Walks/ Runs ☐ 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 th	Registration deadline:						
Does this project require time slots? * ☐ yes ☐ no							
	laximum number of volunteers eeded? *	Can friends or family of KP staff or KP retirees participate in project?* Yes No		Appropriate for children aged: to			
Will you organize transportation for the	Is this project: ☐ Indoor ☐ Outdoor Explain: (optional)						
Does this project require physical star	Is this project handicapped accessible? ☐ Yes ☐ No						



^{*} Required information

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PROJECT CONTACT AND LOCATION								
Prefix (Mr, Ms, Mrs, Dr)	Project contact person:*							
Address line 1:*		City:*		State:*				
Address line 2:		Zip code:*		Country:*				
Phone: () -	Email:	mail: Fax: () -				
ORGANIZATION INFORMATION								
Address line 1:*	City:*		State:*					
Address line 2:	Zip code:*		Country:*					
Website:		EIN:						
Please send completed form to Cheryl Vargo, Cheryl.A.Vargo@kp.org.								

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. 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



^{*} Required information