



## Master Food Volunteer Proposed Project Authorization Form

**This form must be completed and approved before project can be counted as VCE-MFV hours.**

Date: \_\_\_\_\_ Your Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Educational Goals:


Value of Project to Community:


Chairman: \_\_\_\_\_ Co-Chairman (required) \_\_\_\_\_

Event Date/Time/Duration of Project: \_\_\_\_\_

Estimated Number of Volunteer Hours Involved: \_\_\_\_\_ Are minors involved?  Yes  No

Weekly: \_\_\_\_\_ Annually: \_\_\_\_\_ Entire Project to Completion: \_\_\_\_\_

**Please complete the following plans, using additional pages if needed.**

**Plan to Implement Project:**

Project Timeline:


Cost/ Resources Needed:
