**PROJECT INFORMATION**

**Organization Name**: *

**Project Name**: *

**Project Type**: (check one)  □ Local  □ Regional  □ National/International

Would you like volunteers to sign up through the Kaiser Permanente volunteer website or through your organization's website?*  
(choose one)  □ KP Cares website  □ 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)  □ One-day only event  □ Multi-day event  □ On-going

**Type of Activity**:  
- Blood Drive  
- Board Development  
- Building/ Construction  
- Clerical  
- Disaster Relief/ Response  
- Educational Activity  
- Environmental Clean-up  
- Event Coordination  
- Food/ Gift Drive  
- Fundraising  
- Gardening/ Planting  
- Mentoring  
- Non-Clinical Health/ Wellness  
- 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 this project? | Registration deadline: |
| Does this project require time slots?  * |  □ yes  □ no |

| Minimum number of volunteers needed?* | Maximum number of volunteers needed? * |
| 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 this project?  □ Yes  □ No |
| Is this project:  □ Indoor  □ Outdoor  
Explain: (optional) |

| Does this project require physical stamina?*  □ Yes  □ No |
| Is this project handicapped accessible?  □ Yes  □ No |

* Required information
# Volunteer Project Submission Form

## PROJECT CONTACT AND LOCATION

<table>
<thead>
<tr>
<th>Prefix (Mr, Ms, Mrs, Dr)</th>
<th>Project contact person:*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address line 1:*</td>
<td>City:*</td>
</tr>
<tr>
<td>Address line 2:</td>
<td>Zipcode:*</td>
</tr>
<tr>
<td>Phone: (      )</td>
<td>Email:</td>
</tr>
<tr>
<td>Fax: (      )</td>
<td></td>
</tr>
</tbody>
</table>

## ORGANIZATION INFORMATION

| Address line 1:*         | City:*                   |
| Address line 2:          | Zipcode:*                |
| Website:                 | EIN:                     |

Please send completed form to Gloria R. Bañuelos, Public Affairs, Kaiser Permanente Baldwin Park Medical Center via e-mail to Gloria.R.Banuelos@kp.org or by fax to (626) 851-5228. If you have any questions or need additional information please call (626) 851-5204.

* 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 identity, 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

www.KPCares.org