Project Task List

List each task involved in completing the service project. Be specific! Determine the number of volunteers needed for each task, the time required, and the priority in which the tasks should be completed.

Project: _____

Location: _____ Date: _____

Contacts

	National Service Program	Agency	Volunteer Leader
Name:			
Phone:			
E-mail:			

Priority	Task	Time Required	# Volunteers Required

This form was created by Hands On Network, a Corporation for National and Community Service training and technical assistance provider. For more information on leveraging additional volunteers, contact Hands On Network at training@handsonnetwork.org or 404-979-2900.