

Activity 3 *Community Services Worksheet*

Name _____ **Date** _____

Project _____

1. Does the project meet the following criteria?

- | | | | |
|---|------------------------------|-----------------------------|--------------------------------|
| Do you have time to do this project well? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Is the project local and within reach? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Will this project make a difference? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Does this project provide learning opportunities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Are you committed to this project? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |

2. Define project goals.

3. Define group member roles and actions.

4. How will this project help your community?

5. Who will be impacted by your project?

6. What do you expect to learn?

7. What is the time frame? Provide specific dates.

8. What resources will you need? How will you fund the project?

9. Who are the people and organizations that will be contacted?

10. What are the safety concerns? How will you practice safety?

11. What are the rewards for meeting your goal?