



Irvine Senior Services Volunteer Program Proposal

Program Title: _____

Program Overview: _____

Program Objective: _____

Background Information: _____

Participant Requirements: _____

Min/Max Enrollment: _____/_____

Equipment/Supplies Needed: _____

Preferred Location(s):

- Lakeview Senior Center
- Rancho Senior Center
- Trabuco Center

Preferred Day(s): M Tu W Th F Sa

Time of Day: AM PM **Length of Program:** _____ hours

Duration of Program: One Time Weekly Monthly Quarterly Yearly

Instructor Name: _____ **Partnering Organization:** _____

Phone Number: _____ **Email Address:** _____

The City of Irvine will not approve courses with the following subjects:

- Subject participants to investment advice, ventures that may pose financial risks or solicitation, and/or sell products or services.
- Imply religious instruction, offer a religious-based program or service, and/or infer practices or rituals.
- Promote alcohol, illegal drugs, drug or weapon products, paraphernalia, firearms, tobacco, gambling, and/or adult-oriented or sexually explicit materials.