



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:** _____