

CATEGORY F

SUBJECT:

FUNDRAISING

OBJECTIVE(S)

To develop basic fundraising skills to enable candidates to raise funds for St. John Ambulance.

PREREQUISITES

Knowledge of the Order proficiency subject.

INSTRUCTORS/EVALUATORS

- Persons with fundraising experience
- Community leaders
- Church groups
- Youth leaders (eg. Boy Scouts, Girl Guides)

REFERENCES AND MATERIALS

- Internet
- Community Centres
- Local libraries
- Local Volunteer Centres

CONTENT

1. *What motivates individuals/groups to donate?*
 - Identify who may donate (former members, clients, etc.).
 - What benefit does the donor have in supporting St. John Ambulance? (ie. publicize/affiliation, product publicized or endorsed).
2. *Know your project:*
 - Purpose of raising funds (a clear, concise statement detailing why St. John Ambulance is raising funds).
 - How to prepare a fundraising proposal.
 - Resources needed to see the project through (eg. volunteers needed, supplies needed, permits etc).
 - Record keeping; maintain project records, contact lists, donor lists.
 - Evaluation; make money/lose money? Do the benefits outweigh the costs?
 - Follow-up; donor thank-you letters, phone calls, and arrange for receipts.

3. *Potential methods and sources of funding.*

Understand pros and limitations to the following methods:

- Special events fundraising (eg. car washes, garage sales, bingos, casinos, raffles, used CD sales).
- Door-to-door canvassing/selling.
- Advertising, TV, radio, newspapers, internet.

DURATION

As required.

CERTIFICATION

The candidate must plan and follow through on one fundraising project to raise money for their Division or for the Ophthalmic Hospital using the criteria outlined in the content. A written report must be presented to the Instructor/Evaluator within two months of the project being completed.

CERTIFICATION OF SUCCESSFUL COMPLETION OF PROFICIENCY SUBJECT

FUNDRAISING

Instructors/Evaluators should carefully consider the age, ability and accessibility to resource materials of each candidate.

The candidate has completed the above content and meets the requirements to the satisfaction of the Instructor/Evaluator.

Name of Instructor/Evaluator: _____

Agency: _____

Address: _____ Tel #: _____

Instructor qualifications: _____

I certify that

_____ of _____
(candidate's name) (Division #)

meets the criteria of this proficiency subject, as laid out on the previous page(s).

Instructor/Evaluator (signature) Date

Divisional Superintendent (signature) Date