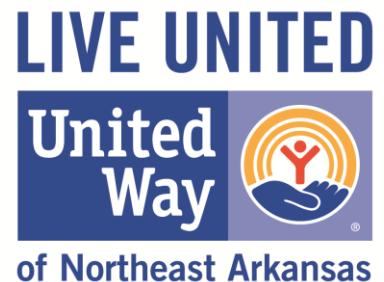


Project Request Form

Day of Caring

Friday, September 29, 2017



Organization Name _____

Organization Contact _____ Phone _____ E-mail _____

Project Description:

Approx. # of Volunteers Needed _____ Approx. time required *Full Day Half-day, 9-12 Half-day, 1-4

Project Site address _____

Contact on Site _____ Cell _____ Email _____

Special Instructions:

By signing below, I agree that my organization will provide all materials and tools required for this project. Also, I personally accept the responsibility of insuring that each volunteer group will have what they need to insure their safety, i.e. water etc. I will also insure that each volunteer group at my project signs the release/waiver form provided, which will be returned to Tiffany Gipson at United Way by August 28th, 2017. Tiffany.Gipson@unitedway.org

Signature of person on site day of event _____ Date _____

**full day projects will be assigned to two teams, one in the morning and one in the afternoon*

Send completed forms to Tiffany Gipson by August 28th: tiffany.gipson@unitedway.org Fax 870.935.0240