

Project Request Form

23rd Annual Day of Caring

Friday, September 30, 2016

LIVE UNITED

United
Way



of Northeast Arkansas

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 United Way volunteer will have what they need to insure their safety, i.e. water, tools etc. I will also insure that each United Way volunteer at my project signs the release/waiver form provided, this form will be returned to Paula Robertson at United Way by October 5, 2016. Scan and email the release forms to paula.robertson@unitedway.org or fax to 870-935-0240

Signature of person on site day of event _____ Date _____

*projects should require only basic "Do It Yourself" skills; remember the work will be done by volunteers not professional craftsmen.

Send completed forms by August 31: paula.robertson@local.unitedway.org or fax 870-935-0240