

LIVE UNITED DAY OF CARING

Thursday, September 20 2018

Agency Project Form - *due by August 10*

Name of Agency: _____

Address: _____

Director/Coordinator: _____

Phone: _____ E-mail: _____

Project Info

Project Site Address: _____

Volunteer Duties: _____

Project time: Morning (8:00am-11:45am) Afternoon (1:15am-4:45am) All Day

Items needed for project (example: paint brushes, rakes, hammers, gloves....etc.): _____

Will the agency provide these tools? Yes No

Number of Volunteers needed: Maximum: _____ Minimum: _____

Will you provide water for volunteers? Yes No

Will you be attending the luncheon? Yes No Total: _____

*If you have more than one project, feel free to make copies of this form and return to Shannon LaHaie by fax, or e-mail by August 10, 2018.

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