

## Days of Caring 2011

### Project Application

*Please fill out a separate application for each project.*

#### Part 1: Contact Information

Agency Name: \_\_\_\_\_ Program: \_\_\_\_\_

Agency Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

#### Part 2: Project Information

Brief description of project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which category best describes your project?  Landscaping  Painting  Cleaning  Food/Clothing Drive  
 Construction  Tutoring  Other: \_\_\_\_\_

Is the project  Indoor  Outdoor?

How many volunteers are needed to complete this project in a regular work day? \_\_\_\_\_

Will you be providing lunch for volunteers? (You are not required to provide meals to volunteers)  Yes  No

Do you have all the necessary materials, tools, permits for this project?  Yes  No

Does this project require a site visit/evaluation before your Day of Caring?  Yes  No

Project location: \_\_\_\_\_ City/Town: \_\_\_\_\_

Contact person on project site: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**Agencies are required to provide all materials, tools, and necessary permits for their Day of Caring projects.**

**Please fill out a separate application form for each project and return ASAP.**

**View projects online at [www.uwgat.org/Get Involved/Day of Caring](http://www.uwgat.org/Get Involved/Day of Caring).**

Mail to the attention of Melissa Vanhorn, United Way, 247 Maple Street, Attleboro, MA 02703 Fax to: 508.222.4190

For more information, please contact Melissa Vanhorn at 508.222.2337, ext. 106 or email [melissa@uwgat.org](mailto:melissa@uwgat.org).

**volunteering matters.**