

# Project Description Form

## "Day of Caring" 2014

Please Fill Out One Form for Each Project Request

Organization Name: \_\_\_\_\_

Project Coordinator's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Project Description

Project Title: \_\_\_\_\_

Site Address: \_\_\_\_\_

Number of Volunteers: Max \_\_\_\_\_

Day/Time: Thursday 9/11/14      9:30am-12:30pm \_\_\_\_\_      1:30-4:30pm \_\_\_\_\_

                 Saturday 9/13/14      9:30am-12:30pm \_\_\_\_\_

Project Description:

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Specialized Skills Needed:

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### Insurance

Does your agency have Liability Insurance that would cover volunteers involved in this project?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please Return this Form to Barry County United Way &  
Volunteer Center by July 18, 2014