

# Project Description Form

## "Day of Caring" 2017

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 9/14/17      9:30am-12:30pm \_\_\_\_\_      1:30-4:30pm \_\_\_\_\_  
                 Saturday 9/16/17      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 21, 2017