



DAY OF CARING 2021

Organization Name: _____
Project Coordinator's Name: _____
Address: _____
Phone Number: _____
E-mail: _____

PLEASE NOTE: There are 2 different types of projects being requested: IN PERSON & VIRTUAL.

IN PERSON Project Description Form

In Person Project Description

Project Title: _____
Site Address: _____

Number of Volunteers: Max _____

Day/Time: Thursday 9/16/21 9:30am-12:30pm _____ 1:30-4:30pm _____

Saturday 9/18/21 9:30am-12:30pm _____

Project Description:

Specialized Skills Needed/Requirements: (Equipment to bring, what to wear, etc.)

Insurance

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

_____ Yes _____ No

Director's Signature: _____ Date: _____

**Please Return this Form to Barry County United Way &
Volunteer Center by July 30, 2021**

CARING IN ACTION – Virtual

Project Description Form

Caring in Action Project Description

Please see the enclosed for examples from the previous year.

These projects may be completed at any time during the week of Day of Caring.

Please check all that apply.

_____ **Host a collection**

Items to be collected: _____

_____ **Collect items & assemble kits on site at business** (Example: Laundry Day, Birthday Bash)

Kit to be created: _____

Items to be collected for kit: _____

_____ **Project on site** – as an agency, you would provide items for a project to be completed on site at a local business. United Way will help in coordinating items to be dropped off to the local business(s).

Project Title: _____

Project Description: _____

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Volunteer Center by July 30, 2021**