



2008 DAY OF CARING
FRIDAY, MAY 9, 2008

PROJECT REQUEST FORM
Make Copies As Needed
(complete one form per project request)

\*Form must be completed, in its entirety, by the Agency Coordinator
and returned to United Way by Friday, March 28, 2008.

Please type or print legibly

YOUR CONTACT INFORMATION:

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

Coordinator Name: \_\_\_\_\_

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

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

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

Executive Director Name: \_\_\_\_\_

Executive Director Signature: \_\_\_\_\_

PROJECTION DESCRPTION (items a - m)

Please be specific when describing your Project Request. Please use a separate sheet, if needed, to accurately describe
your project. If needed, include photos of the project site in its current state.

(a) This project will take place: (choose one) [ ] Indoors [ ] Outdoors [ ] Both Indoors and Outdoor

(b) This project is generally: (choose one) [ ] a Work Day (see item d) [ ] a Day with Clients (see item e)
(painting, landscaping, building) (reading to kids, field trip, art day, etc.)

(c) Provide a general description of the project (include all tasks undertaken to complete the project):

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

(d) For Work Day Project Requests, Check All Tasks Involved in Completing This Project:

- [ ] Carpentry [ ] Landscaping: Planting New Plants
[ ] Painting [ ] Landscaping: Laying Sod
[ ] Landscaping: Clearing Overgrowth [ ] Other: \_\_\_\_\_

(e) For Day-with-Clients Project Requests, please describe whom volunteers will work with: (for example, "children age 4-5
doing art projects", "senior adults at social gatherings") \_\_\_\_\_

(f) Length of Project: [ ] Half-Day from \_\_\_\_ a.m. - \_\_\_\_ p.m. [ ] Full day from \_\_\_\_ a.m. - \_\_\_\_ p.m.

(g) Number of volunteers required: At least: \_\_\_\_\_ No more than: \_\_\_\_\_

(h) Special skills required: \_\_\_\_\_

(i) Special clothing required: \_\_\_\_\_

(j) Specific Supplies Required: In general, your agency is required to provide all of the materials and tools necessary to complete this project. In some cases, your Volunteer Team may be able to assist you in gathering materials and tools. Please list your current inventory and needs.

Supplies/Tools Provides by Agency	Supplies/Tools Agency Still Needs
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(k) Requested volunteer arrival time (not before 9:30 a.m.): \_\_\_\_\_

(l) Additional Comments About Your Requested Project: \_\_\_\_\_

(m) *Estimated* Cost Savings of Volunteer Labor Utilization: \$ \_\_\_\_\_

**Project Address & Site Coordinator**

Address of the Project Site: \_\_\_\_\_

Name of Project Site Coordinator: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Please return this form by Friday, March 28, 2008 to Liz Hamilton or Emily Gillespie via fax to (318) 677-2544.**

**Before returning please make certain this form is completed in its entirety. Your cooperation and timely submission is greatly appreciated.**

**Thank you for participating in the Day of Caring process!**

Please direct additional questions about Day of Caring to:

Liz Hamilton, PR & Marketing Coordinator or Emily Gillespie, Senior Campaign Coordinator  
United Way of Northwest Louisiana  
402 Edwards St.  
Shreveport, LA. 71101  
Phone: 318-677-2504  
Fax: 318-677-2544

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**TO BE COMPLETED BY UNITED WAY:**

**Date & Time Form Received:** \_\_\_\_\_

**Is Form Complete?**  Yes  No If not, list incomplete fields: \_\_\_\_\_

\_\_\_\_\_  
**Staff Initials:** \_\_\_\_\_