

2018 UNITED WAY HELPING HANDS DAY

PROJECT REQUEST FORM

Please returned ASAP. We will contact you when a Volunteer Team chooses your project. Please return to United Way of Southwest Wyoming, 510 South Main Street, Rock Springs WY 82901. Email to Shelley Richno at srichno@swunitedway.org or fax (307-362-5029).

ADDRESS: 510 South Main Street, Rock Springs WY 82901 PHONE: 307-362-5003 FAX: 307-362-5029

AGENCY/INDIVIDUAL _____

ADDRESS _____ **PHONE** _____

CONTACT NAME _____ **TITLE** _____

CONTACT EMAIL ADDRESS _____

PROJECT SITE ADDRESS _____

PLEASE CIRCLE ONE THAT APPLIES: **NON-PROFIT** **SENIOR CITIZEN** **PERSONS WITH DISABILITIES**

PROJECT DESCRIPTION

(Please be as clear as possible, attach additional information: photos, diagram, list of needed supplies.)

ESTIMATED # OF HOURS TO COMPLETE PROJECT _____

ESTIMATED # OF VOLUNTEERS NEEDED _____

Will your agency provide lunch for volunteers? _____

Agency has required materials or supplies ALL SOME NONE

Volunteer group requested to supply materials ALL SOME NONE

