2020 HELPING HANDS DAY

PROJECT REQUEST FORM

Please return 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 (Please note not all projects are picked up)

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

*** non-profit organizations must meet Helping Hands Day guidelines.**

PROJECT DESCRIPTION

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

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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

United Way

United Way
of Southwest Wyoming