

25<sup>th</sup> Annual Henry County  
**DAY OF CARING**  
SEPTEMBER 7, 2018

PROJECT REQUEST FORM- (Please complete a separate form for each request)

Agency/Program name:

Mailing address:

Worksite address *(if different than mailing address)*:

Contact person:

Email address:

Cell phone # of the contact person *(contacted on 9/7/18 if needed)*:

Project request:

Materials & tools to be utilized by volunteers for project completion ***(Must be furnished by agency/organization)***:

Anticipated # of volunteers needed to complete project *(estimated work time 9:00am-2:00pm)*: \_\_\_\_\_

We encourage each agency/organization to take some time to orient the volunteers to your program activities that occur the other 364 days of the year. Maybe you will end up with an on-going volunteer partnership. **THANK YOU!**

**Please return by 7/20/18 to:**

Day of Caring Committee  
1201 Race St., Suite 103  
PO BOX 6082  
NEW CASTLE, IN 47362

*If you have any questions, please contact us at one of the following:*

**Office:** 765-521-7410 ~ **Cell:** 765-520-8973 ~ **Email:** hcdayofcaring@gmail.com

**Fax:** 765-593-1225