**2019** *Day of Caring*

**August 14, 2019**

**Project Description Form**

Individual/Agency \_\_\_\_\_\_\_\_\_\_  
Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone No. \_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person at project site

# Please check the category that describes your project:

* + Minor Maintenance ❑ Indoor Cleaning ❑ Yard Work ❑ Painting
  + Construction ❑ Landscaping ❑ Other (Specify)

# Give a description of the job to be done:

**Number of volunteers needed:** Maximum Minimum

Supplies/Equipment: Each agency/nonprofit organization or individual wanting this work done is responsible for securing the needed supplies, equipment and tools. Volunteers may be asked to bring certain supplies (such as paintbrush, hammer) if needed.

# Do you carry liability insurance which would cover the volunteers? ❑ Yes ❑ No

**Please mail or e-mail this form by Friday, July 26, 2019, to:**

Dave Stevens

Mitchell United Way

PO Box 729

Mitchell, SD 57301

Phone: **605.996.3915**

E-mail: [stevens@mitchellunitedway.org](mailto:stevens@mitchellunitedway.org)