

PROJECT APPLICATION

Angola & Surrounding Areas : April 18, 2018

Hamilton : April 20, 2018



INDIVIDUAL NAME: _____

NAME OF ORGANIZATION IF APPLICABLE: _____

PROJECT ADDRESS: _____

TOWN: _____

PHONE: _____ E-MAIL _____

DO YOU/THEY RENT OR OWN THE PROJECT SITE PROPERTY? _____

REFERRAL CONTACT PERSON: _____ PHONE: _____

E-MAIL: _____ Is property owner aware of this referral? _____

PROJECT DESCRIPTION: Be as specific as possible _____

What tools do you have available for this project? _____

Estimated volunteers needed for the project (Max 6) _____

Approximate length of time for the project (Max 4 hours): _____

May we use your project for public relations purposes? _____

****All projects are subject to approval by the Steuben County United Way Day of Caring Assessment Team. Any changes to accepted projects must be approved by the Day of Caring Committee one week prior to Day of Caring date.**

I have read the above statement and agree to the terms.

SIGNATURE: _____ DATE: _____



Mail or Email to:
Steuben County United Way
317 S. Wayne St. Suite 3D, Angola, IN 46703
260-665-6196 - jessica@unitedwaysteuben.org

Office Use
TEAM NAME _____
Work DATE _____