



General Participation Form

You can hold as many Day of Caring projects as you would like. Please make copies of this form for each project your agency intends to host.

Agency Name _____

Project Address _____

Contact Person _____

Phone _____

Email _____

Date of Project(s): _____

Please complete a Project Description for **each** project your agency will host on the back of this form. You may make copies and attach additional sheets if hosting more than 3 projects.

Agencies are required to furnish all materials necessary to complete the project. All projects submitted will be examined before final approval. You will be notified by United Way about which projects have been approved and of your corporate match(es).

Submit your completed participation form(s) to:

Betty Baillargeon, United Way, P.O. Box 375, Gales Ferry, CT 06335
Fax: 464-6362 / E-mail: betty.baillargeon@uwsect.org

FOR OFFICE USE ONLY

Date of project _____

Address of project site (if different) _____

Contact for this project (if different) _____

Number of volunteers required _____

Start Time of Project _____

Approx. Time for Completion _____

Description: _____

Date of Project _____

Address of Project Site _____

Contact for this Project (if different) _____

Number of volunteers required _____

Start Time of Project _____

Approx. Time for Completion _____

Description: _____

Date of Project _____

Address of Project Site _____

Contact for this Project (if different) _____

Number of volunteers required _____

Start Time of Project _____

Approx. Time for Completion _____

Description: _____
