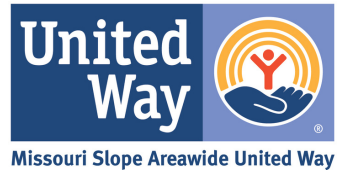


DAY OF CARING



Please provide as much information as possible.

Name of Organization/Group: _____

Contact (Site Coordinator): _____

Phone: _____ **Email:** _____

Location of Project: _____

Project Title: _____

Project Description: _____

Required Materials: _____

of Volunteers Required: _____ **# of Hours to Complete:** _____

Estimated Dollar Value of Project: _____

Are there any special skills required? YES or NO

If yes, what? _____

Is there anything else MSA United Way should know about the project?: _____

Please Return this Form to volunteering@msaunitedway.org
or to 515 N 4th St Bismarck, ND 58501

Thank you!