Grove City Area United Way



Day of Caring

**Saturday, April 12, 2025**

Project Request Form

|  |  |  |
| --- | --- | --- |
| **Name/Organization:** | | |
| **Address:** | | |
| **Contact Person:** | | |
| **E-mail Address:** | | |
| **Pre-event Phone:** | | **Event-day Phone:** |
| **Description of work requested:** | | |
| **# of Volunteers Requested:** | **Indoor or Outdoor project?** | |
| **Ideal for which age group?**     * \_\_\_\_ ages 7-12 * \_\_\_\_ Teenagers * \_\_\_\_ College/Adult | **Special Skills Required:** | |
| **Any other additional information or instructions** (i.e. parking, etc)**?** | | |

Please use a new form for each volunteer opportunity that your agency/organization plans to offer. Completed forms should be returned no later than **Wednesday, March 19th** via mail, fax, or email:

Grove City Area United Way

P.O. Box #388

Grove City, PA 16127

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Email: kdistasi@grovecityunitedway.org