

## **COMMUNITY ACTION DAY PROJECT REQUEST FORM**

Please complete the form below to indicate the areas of interest and other pertinent details for your company and/or volunteer group. The completed form should be submitted to the Manager of Mobilization, Engagement, and Marketing by email at MSmith@uwst.org. Please note that you should allow a minimum of 4-6 weeks to plan your event. We will do our best to accommodate your preferences and special requests, however it may not always be possible.

| Contact Information:                                                                                         |                                                                                             |                             |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------|
| Company Name:                                                                                                | Group/Dept. Name:                                                                           |                             |
| Address:                                                                                                     | City, State Zip:                                                                            |                             |
| Project Location:                                                                                            |                                                                                             |                             |
| Outside of the Workplace                                                                                     | Inside of the Workplace                                                                     | Flexible                    |
| Select any/all specific interests                                                                            | that apply:                                                                                 |                             |
| Children and Youth                                                                                           | Basic Needs                                                                                 | Senior Supports             |
| Event Timing:                                                                                                |                                                                                             |                             |
| Month:                                                                                                       | Weekday Event                                                                               | Weekend Event               |
| Project Length:                                                                                              | Number of Volunteers:                                                                       |                             |
| Other Information:<br>Please specify the preference for "<br>physical labor projects (i.e. paintin<br>People | people projects" (i.e. serving with child<br>g, landscaping, organizing, etc.).<br>Labor    | ren, seniors, or others) or |
| •                                                                                                            |                                                                                             |                             |
| Is there a specific agency the grou<br>If yes, please specify                                                |                                                                                             | □ No                        |
|                                                                                                              | other materials. Would the group be wil<br>ancial contribution to help offset the co<br>Ves | -                           |
| Please indicate the approximate be                                                                           |                                                                                             |                             |
|                                                                                                              |                                                                                             |                             |
| Contact Person:                                                                                              | Email:                                                                                      |                             |
| Phone Number:                                                                                                | Today's Date:                                                                               |                             |
|                                                                                                              |                                                                                             |                             |

Received by: \_\_\_\_

Date: \_\_\_\_