

## Volunteering Project

To complete this form in Adobe Reader, click "Sign" and then "Add Text" in the upper right hand corner of the window. When the form is complete click "Save as" and email to [rwatkins@unitedwayck.org](mailto:rwatkins@unitedwayck.org)

Referring Agency/Community Organization

Phone Number

Referring Contact Person

Email

Project Site Address

City

State

Zip

**Project Description:** (Be as specific as possible. Please include rain plan.)

**Estimated time required to complete project:**

Full Day (6-8 hrs)

Half Day (4 hrs)

**Volunteers needed:**

**Volunteer min. age?**

**What equipment or supplies will be needed to complete this project?** Please note: Materials must be supplied by your organization. If you are unable to purchase or supply these materials, you will need to seek donations. Please contact United Way of Central Kentucky if you are unable to do so.

**What will your agency provide? If you need assistance with supplies or materials, please describe and estimate the costs.**

604 North Main Street,  
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Phone: 270-737-6608



United Way  
of Central Kentucky