



# Civic Engagement Customized Project Request Form

## General Instructions:

Thank you for requesting the assistance from our United Way in finding a volunteer opportunity. Please take a moment to complete our intake form. Using the information given on this form, we will do our best to find the right opportunity for your group of volunteers.

## PLEASE ...

- ❖ Provide complete answers to ALL the questions.
- ❖ Photocopy this form if you would like to do more than one service project (fill out one form per service project request).
- ❖ Return this form *at least* one month prior to your desired service project date

## Organization/Company Identifying Information: (Please print, type, or affix business card)

Organization/Company Name\*

Address\*

City\*

State\*

Zip\*

\* Vital information for communication purposes.

**Volunteer Project Coordinator:** *(The staff person you select, within your organization, to organize and manage the volunteers serving at the project(s)).*

Name\*

Title

Phone \*

Fax\*

Email\*

\* Vital information for communication purposes.

## Volunteer Information:

How many volunteers does your group consist of? \_\_\_\_\_

What category best describes your group of volunteers? (Select all that apply)

- Young Children       Teens       Adults       Seniors       Other: \_\_\_\_\_

## Project Information:

In which county would you like to do a service project?

- County:    Chester       Delaware       Montgomery       Philadelphia

If Philadelphia – Which Neighborhood?

- Center City       South Phila.       West Phila.       North Phila.  
 Northwest Phila.       Far Northeast Phila.       Lower Northeast Phila.       Southwest Phila.  
 Other \_\_\_\_\_

Please provide the date(s) you are interested in doing a service project: \_\_\_\_\_

- Preferred length of project:    Half day (~3 hrs)       Full day (~6 hrs)       Other: \_\_\_\_\_

What is your preferred time of day? (Select all that apply)

Morning       Afternoon       Evening

**On which issue(s) you would like your volunteers to focus on?**

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Please note anything else we should know about your group (for example, physical restrictions, allergies, etc.) or your project interests:

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**Organization /Company Information:**

Will your organization / company provide lunch for your volunteer group?  Yes     No

Would your organization / company be able to provide any supplies for the project?  Yes     No

**Please submit this form to:**  
**Days of Caring-Corporate Requests**  
**United Way of Southeastern Pennsylvania**  
**7 Benjamin Franklin Parkway / Philadelphia, PA 19103**  
**Phone: (215) 665-2501 / Fax: (215) 665-2531 / E-mail: [daysofcaring@uwsepa.org](mailto:daysofcaring@uwsepa.org)**