

PROJECT APPLICATION FORM—ASC Cares Day

Host organization agrees that a representative will be on site at all times. Please provide a brief orientation about the organization's mission, and how this project will help accomplish that mission. We ask that projects include sufficient work for all volunteers to be kept busy for four hours, and provide any necessary tools and materials.

Organization: _____

Mailing Address: _____

Street Address: _____

City: _____ **Zip Code:** _____ **Phone:** _____

Contact Person: _____ **E-mail** _____

On-site Representative and cell phone #: _____

Start time: _____

Project Description:

Project Location *(Please give clear directions from ASC campus)*

Special Needs and Considerations:

Work gloves: Yes _____ No _____

Restroom Facilities: Yes _____ No _____

of Volunteers: _____

Inside project _____ **Outside project** _____

Clothing recommendation: _____

Skills needed:

Other:

Contact: (719) 587-7516 or asccampusministry@adams.edu