



Project Sign Up

Please fill out one form for each project.

Agency: _____

Project Coordinator: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Project Description: *(if your project is dependent on weather, please arrange alternate plans for volunteers)*

Number of volunteers required: _____ Length of Project, in hours: _____

Skills needed: _____

Appropriate dress requirements: _____

Detailed directions to your agency from the VA Medical Center, 400 Fort Hill Ave., Canandaigua:

Please return this form to the United Way of Ontario County
By: Monday, March 25th
Email Kristen Koczent: kristen.koczent@uwrochester.org
Phone: (585) 394-6550 ~ Fax: (585) 394-9251