



OPERATION
UPLIFT
APPLICATION

Project Lead _____

Address _____

City _____ State / Zip _____

Phone _____ E-Mail _____

Focus Areas: Education Hunger Homelessness Financial Stability Community Engagement

AGENCY INFORMATION:

Non-Profit Agency _____

501(c)(3) Certification Letter is attached Public School

Address of Project Event _____

City _____ State / Zip _____

Contact Person of Non-Profit _____

Phone _____ E-Mail _____

Total number of volunteers anticipated _____

Will children be participating? Yes No Age Ranges _____

Project Description _____

Project Date _____ Project Time _____ A.M. to _____ P.M.

Specific Request - (e.g. list of specific tools, materials, etc. and estimated costs) _____

By signing below, if this project is approved, I agree to ensure it is carried out as described herein and to immediately notify Valley of the Sun United Way of any change.

Signature _____ Date _____

Approved by Agency _____ Date _____

E-mail completed application to volunteer@vsuw.org

RISE UP TO HELP.

