Hands Across Rockdale

Community Worksite Application May 6, 2017 • 8:00am- 12:00pm

In an effort to make Hands Across Rockdale a successful day of service for our community, we will need the help of our Community Worksite Managers (that's you!). By submitting a Community Worksite application for Hands Across Rockdale, a member of your organization must assume responsibility as a Community Worksite Manager (CWM).

CWMs:

- Must be physically present at the worksite to provide leadership on May 6, 2017.
- Must provide contact information for volunteers seeking to work on your project. Your project will be listed online with <u>your</u> contact information. Interested volunteers will contact you directly to be placed at your worksite. When your worksite reaches the maximum number of volunteers, let HAR know and it will be marked as "full" on the HAR website. HAR will NOT have a designated volunteer coordinator. Your project will be listed on our website and volunteers will sign up for a project according to their own interests and skillsets.

Organization Name:	
Address:	OCKDALE
Contact Person (CWM):	250
Phone (Cell)	(Other)
Email Address:	
Mission:	
Project Request Description (describe	e exact nature of requested project):

Project Location:			
·	e associated with	an organization (n	es must: (1) be performed during on-profit, school, park, etc.); (3) ocated on private property.
Number of Volunteers neede	ed:		
responsible for all voluntee	rs and activities at Release" form. W	your worksite. Yo	re that your organization will be ou and your organization will be nd that you obtain waivers from
Supplies Provided by Applica	nt: Yes No_	0	3
submitting requests are res not available. There may be	ponsible for provice an opportunity fed	ling their own suppor a group or club	g is available. The organizations plies in the event that funds are to sponsor your project. If you and volunteers could agree to
			our supplies will be provided by securing their supplies for the
Exact Item Needed:	Amount Ne	eeded:	Approximate Cost:
		3	
	Doadling to a	pply: 04/14/2017-	
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Please submit application:	MAIL:	Hands Across R c/o Rockdale Co	ockdale palition for Children & Families

EMAIL:

FAX:

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