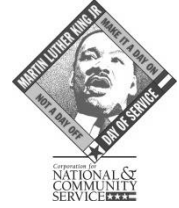




Application for MLK Day of Service Host Site



Name of Organization: _____

Name of Contact Person: _____ Phone#: _____

Contact Person E-mail Address: _____

Brief description of need (*don't worry about having all of the details figured out, part of the challenge for the groups will be to problem solve and utilize their resourcefulness*) _____

How will the project impact your organization? _____

What, if any, supplies or tools would be available to volunteers? (*i.e. hammers, nails, paint, cleaning supplies etc.*) _____

