Little Falls Community High School is planning the 7th Annual Day of Caring in the Little Falls area. We are looking for seniors, homebound, and disabled individuals living within the city limits of Little Falls and Randall, as well as the villages of Flensburg and Sobieski who need assistance completing outdoor projects. Projects must be able to be completed within three hours. A team of students or adult volunteers will arrive at your home to help you on this “Day of Caring.”

Projects may include:
- Window washing (outdoors and ground floor only)
- Raking yard
- Clean-up gardens and/or flower beds
- Other outdoor projects

Note: Home owners are required to be at their home while the team of volunteers works on the project.

To Register:

1. Complete the Registration Form on the back. Describe your project so volunteers know what needs to be done and how long it may take to finish the project. This information is needed to fulfill your request.

2. Mail the completed attached registration form to:
   Live Better Live Longer (LBLL)
   Mary Kenna
   808 3rd Street SE; Suite 309
   Little Falls, MN 56345

   If you have questions, please contact the LBLL office at 320-631-5677 or 320-631-5675 or email: marykenna@catholichealth.net

3. On Wednesday, May 3, 2017, you can expect your team of volunteers to arrive between 8:00 a.m. and 12:00 p.m.

Project assignments will be based on the date it is received. Not all applications are guaranteed to be part of the Day of Caring event.

Projects will be completed rain or shine! In case of severe weather, listen to Little Falls Radio for cancellation information.

Registration forms are due postmarked by Wednesday, April 12, 2017!
7TH ANNUAL “DAY OF CARING”
2017 PROJECT REGISTRATION FORM
Wednesday, May 3, 2017 – 8:00 a.m. - 12:00 p.m.
** Due by Wednesday, April 12, 2017 **

Home Owner Name: ____________________________________________________________

Project Site Address: __________________________________________ City:________

Home Owner Phone: ___________________ Home Owner Cell Phone: ________________

Contact Person (if different than home owner): ______________________________________

Relationship to Home Owner: __________________ Contact Number(s): __________________

Size of Lawn/Lot: _______________________________________________________________

Description of Project (be specific):
___________________________________________________________________________
(For health reasons volunteers will not be allowed to clean up any animal waste.)

______ Rake yard

______ Wash windows (exterior ground level only)

______ Cleanup garden/flower beds

______ Other __________________________________________________________________

Any additional information you think we need to complete this project: _______________________
________________________________________________________________________________
________________________________________________________________________________

Mail Form to: Live Better Live Longer (LBLL)
Attn: Mary Kenna
808 3rd Street SE; Suite 309
Little Falls, MN 56345

Contacts at LBLL: Mary Kenna: 320-631-5677
marykenna@catholichealth.net

Kate Bjorge: 320-631-5675
katebjorge@catholichealth.net