

# MEA-Retired Community Participation Committee



## Day of Caring Request Form

Affiliate:\_\_\_\_\_

Affiliate President:\_\_\_\_\_

Contact person:\_\_\_\_\_

Email and/or phone number:\_\_\_\_\_

School(s) involved:\_\_\_\_\_

Date of completed project:\_\_\_\_\_

Please write a brief description of the project. Include pictures if possible. Projects and pictures will be published in *The Clarion* during the year. Affiliate presidents are asked to check with individuals for permission to print their name and picture.

---

---

---

---

---

---

---

---

---

---

Mail form to Belinda Micucci, 522 Cousins Street, Yarmouth ME 04096 or email to: [bmicucci80@gmail.com](mailto:bmicucci80@gmail.com)

July 23, 2025