

2019 COMMUNITY CARE DAY PROJECT REGISTRATION FORM

AGENCY INFORMATION

Agency Name: _____

Contact Name: _____

Mailing Address: _____

Phone: () _____ Fax: () _____

Email: _____

Contact t-shirt size (circle): S M L XL XXL XXXL

Agency/Organization Mission: _____

PROJECT INFORMATION

Please submit a separate form for each project site.

Total number of projects for this agency/organization: _____

Project Site Address: _____

Project Contact: _____

Project Phone: () _____

Project Fax: () _____

Estimated number of volunteers needed: _____

Project Description: _____

Will volunteers need to drive from agency to project site?

Yes ___ No ___

I have attached a map and/or specific directions to our agency and/or project site.

I have ample parking for volunteers.

Skills necessary to accomplish the project: _____

Supplies volunteers will need to bring (Please keep supplies limited and inexpensive): _____

Supplies or materials that you will provide (Remember that you may seek donations for materials): _____

Appropriate dress: _____

In case of rain, what indoor activities have you planned? (You **MUST** have a rain plan for project consideration.) _____

Describe the group that volunteers will be working with (e.g., agency staff, clients, neighborhood residents, other volunteers, other organizations). _____

LUNCHESES (Circle One)

Project site will provide lunch for all volunteers.

Project site will not be able to provide lunch and would like volunteers to bring a sack lunch.

OTHER

Does your agency have liability insurance that would include this event? ___ Yes ___ No

Are there any other issues we should be aware of? (i.e. confidentiality, etc.) _____

PLEASE RETURN THIS FORM TO THE UNITED WAY OF FAIRFIELD COUNTY
115 S. BROAD STREET, P.O. BOX 2299, LANCASTER, OH 43130
QUESTIONS? PLEASE CALL US AT 740-653-0643 or EMAIL BETH CRAFT AT bcraft@uwayfairfieldco.org
THE FINAL DEADLINE FOR PROJECTS IS AUGUST 22nd