

COMMUNITY CARE DAY
Tuesday, September 13, 2011

PROJECT REGISTRATION

Complete one form per site.

ORGANIZATION NAME: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

E-mail address: _____

Preferred T-shirt size for agency contact person: _____ S _____ M _____ L _____ XL _____ XXL

We are a 501(c)(3) agency.

Agency/Organization Mission: _____

PROJECT INFORMATION (submit a separate form for each project site)

Total number of projects for this agency/organization: _____

Project Site Address: _____

City: _____ State: _____ Zip: _____

Project Phone: () _____ Project Fax: () _____

Number of volunteers needed: _____

DETAILED PROJECT DESCRIPTION (Please be specific):

Note: Projects which offer hands-on work with clients or participation in activities which help volunteers learn about your organization are most desirable. Projects should not require volunteers' use of private transportation (e.g., distributing posters by car.) _____

Please attach a map or offer specific directions to the agency and/or project site: _____

Organization Name: _____

Project Site Address: _____

Skills Needed (please specify: carpentry, painting, mechanical, computer, etc.): _____

Appropriate Attire: _____

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). _____

PARKING: Do you have ample parking for volunteers? _____ Yes _____ No
If no, what should volunteers do? (Can you pick them up from a remote site? If so, include type of vehicle.)

LUNCHESES:

Lunches should be provided for volunteers unless there are extenuating circumstances (check one):

_____ Project site can provide lunch for all volunteers.

_____ Project site will not be able to provide lunch, but can provide refrigeration and eating area for donated lunches delivered by volunteers.

_____ No refrigeration available. Comment: _____

OTHER:

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

PLEASE RETURN THIS FORM ASAP

FAX TO (614) 846-2182 OR e-mail mveach@uwaydelaware.org

QUESTIONS? Call Morgan Veach (614) 436-8929