

2010 Day of Caring Project Form for Nonprofit Organizations

DUE DATE: March 31, 2010

When: Thursday, April 22, 2010 between 9:00 a.m. and 4:30 p.m. In addition, a picnic is scheduled at Barley Creek Brewing Company, starting at 5 p.m.

Organization Information

Organization Name: _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Fax: _____

Web site: _____

Team Project Coordinator Contact Information

1. Team Project Coordinator Name: _____

(Please ensure this person is available to provide site orientation and supervision during the project.)

Coordinator Position/Title: _____

Phone: _____ Email: _____ Fax: _____

Contact address (if different from above): _____

Team Project Coordinator Contact Information

2. Team Project Coordinator Name: _____

(Please ensure this person is available to provide site orientation and supervision during the project.)

Coordinator Position/Title: _____

Phone: _____ Email: _____ Fax: _____

Contact address (if different from above): _____

Team Project Coordinator Contact Information

3. Team Project Coordinator Name: _____

(Please ensure this person is available to provide site orientation and supervision during the project.)

Coordinator Position/Title: _____

Phone: _____ Email: _____ Fax: _____

Contact address (if different from above): _____

Project Information

Please provide as many details as possible. If necessary, attach additional information.

1. Project: _____

Description of Project: _____

Needed Supplies: _____

Project Site Address: (if different from organization) _____

Expected Impact/Outcome of Project: _____

Phone on day of project: _____

Directions to project site address: _____

Project Information

Please provide as many details as possible. If necessary, attach additional information.

2. Project: _____

Description of Project: _____

Needed Supplies: _____

Project Site Address: (if different from organization)

Expected Impact/Outcome of Project: _____

Phone on day of project: _____

Directions to project site address: _____

Project Information

Please provide as many details as possible. If necessary, attach additional information.

3. Project: _____

Description of Project: _____

Needed Supplies: _____

Project Site Address: (if different from organization)

Expected Impact/Outcome of Project: _____

Phone on day of project: _____

Directions to project site address: _____

Can the projects be completed in bad weather? Yes No
If not, what is your alternate plan? _____

What are the arrangements for lunch for volunteers?

- Purchase lunch from Burnley Workshop
- Other (Please Specify)

Select the category that best describes the type of work the volunteers will do.

- | | |
|---|---|
| <input type="checkbox"/> Admin/Tech | <input type="checkbox"/> Disaster Preparation |
| <input type="checkbox"/> Clean Up | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Meal Prep/Delivery |
| <input type="checkbox"/> Client Services/Interaction | <input type="checkbox"/> Mentoring/Tutoring |
| <input type="checkbox"/> Construction – new | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Constructions – repair/rehab | <input type="checkbox"/> Organizing/Sorting |
| <input type="checkbox"/> Other: _____ | |

Volunteer Information

Number of volunteers needed to complete each project: e.g. (Project 1. – 10 volunteers, Project 2. – 5 volunteers, etc.) _____

Will volunteers be interacting with clients/other volunteers? (circle) Yes No

How many hours needed to complete the project(s)? _____

Special Skills needed (artistic ability, carpentry skills, tools, etc) _____

Has your organization participated in Day of Caring, previously? Yes No

If yes, what year(s)?

All forms will be made available to you through our Web site at www.unitedwaymonroe.org. Please email your completed form to chris@unitedwaymonroe.org or fax to (570) 629-5680, Attn: Chris.

You may submit as many potential projects as needed.