



10th ANNUAL DAY OF CARING
SATURDAY, SEPTEMBER 11, 2010
9:00AM TO 3:00PM
AGENCY DAY OF CARING PROJECT FORM

AGENCY CRITERIA

1. Participating Agencies must have 501(c)(3) status.
2. Event is held rain or shine. Please provide inside project in case of rain.
3. Agency must supply all materials, tools and/or permits needed for project.
Example: paint, brushes, drop clothes, wood chips, plants, rakes, shovels.
4. **Agency is to provide simple lunch for the volunteers.**
Example: pizza, sandwiches, soft drinks, water.
5. Volunteers will arrive by 9 AM and projects are to be completed by 3 PM.

Please complete one form per project.

DEADLINE TO APPLY IS ON OR BEFORE September 1, 2010

1. AGENCY NAME: _____

CONTACT PERSON: _____

TELEPHONE #: _____ E-MAIL: _____

ADDRESS: _____

SITE LOCATION IF DIFFERENT THAN AGENCY ADDRESS: _____

SITE TELEPHONE # (IF DIFFERENT): _____

2. DESCRIPTION OF VOLUNTEER OPPORTUNITY: (Be specific) _____

NUMBER OF VOLUNTEERS NEEDED _____ ADULTS _____ YOUTH (AGES 14+)

SKILLS NEEDED: _____

WILL SPECIALIZED TRAINING BE PROVIDED? ____ YES ____ NO

IF YES, BY WHOM? _____

WILL VOLUNTEERS BE WORKING DIRECTLY WITH CLIENTS? ____ YES ____ NO

DESCRIPTION OF CLIENTS: _____

PLEASE IDENTIFY AT LEAST ONE PERSON FROM YOUR ORGANIZATION WHO WILL BE ON

SITE WHILE THE WORK IS BEING DONE: _____

3. WILL YOUR AGENCY PROVIDE TRANSPORTATION FROM DELAWARE VALLEY HIGH SCHOOL TO THE WORK SITE AND BACK? (bus/van, designated drivers, organized carpool) ___ YES ___ NO

ON THE LINES BELOW, or on a separate attachment, PLEASE PROVIDE COMPLETE DIRECTIONS AND MILEAGE FROM DELAWARE VALLEY HIGH SCHOOL, TO YOUR SITE:

4. DOES YOUR AGENCY HAVE LIABILITY INSURANCE THAT COVERS VOLUNTEERS WORKING FOR YOUR AGENCY?
_____ YES
_____ NO, VOLUNTEERS WOULD NEED TO BE COVERED BY OWN INSURANCE.

PLEASE NOTE: AVAILABLE VOLUNTEERS MAY BE LIMITED DUE TO LACK OF INSURANCE.

5. DESCRIBE ANY VOLUNTEER RECOGNITION THAT WILL HAPPEN AT YOUR SITE ON THE DAY OF CARING:

6. PLEASE INDICATE THE NAME AND TELEPHONE # OF THE STAFF MEMBER WHO WILL BE ACTING AS YOUR DAY OF CARING COORDINATOR:

NAME _____

TELEPHONE # _____ EMERGENCY # _____

Please return completed forms as soon as possible!
DEADLINE IS ON OR BEFORE SEPTEMBER 1, 2010

Thank you for participating in the Annual Day of Caring!

PLEASE MAIL OR FAX FORM TO:
UNITED WAY OF PIKE COUNTY
PO BOX 806,
MILFORD, PA 18337

For more information, please contact Catherine Capasso at: (570) 296-9980.

THIS FORM IS ALSO AVAILABLE ONLINE AT www.unitedwaypike.org