

United Way of Pike County First Annual Day of Caring Saturday September 8, 2001

AGENCY VOLUNTEER OPPORTUNITY FORM-Please complete one form per project

AGENCY NAME _____

CONTACT PERSON _____

TELEPHONE # _____ E MAIL _____

ADDRESS _____

DESCRIPTION OF VOLUNTEER OPPORTUNITY _____

• SITE LOCATION IF DIFFERENT THEN AGENCY ADDRESS _____

TELEPHONE # _____

• # VOLUNTEERS NEEDED _____ ADULTS _____ YOUTH(AGES 14+)

• SKILLS NEEDED _____

• ESTIMATED TIME TO COMPLETE PROJECT ____ 9AM TO 12NOON (1/2 DAY)
____ 9AM TO 3PM (ALL DAY)

• WILL THE VOLUNTEERS BE WORKING DIRECTLY WITH CLIENTS? __YES __NO
DESCRIPTION OF CLIENTS _____

• 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 THAT AVAILABLE
VOLUNTEERS MAY BE LIMITED DUE TO LACK OF INSURANCE**

• WILL SPECIALIZED TRAINING BE PROVIDED? _____YES _____NO

IF YES, BY WHOM? _____

• CAN YOU PROVIDE LUNCH FOR THE VOLUNTEERS? __YES _____NO

