

UNITED WAY OF PIKE COUNTY, INC.
FOURTH ANNUAL DAY OF CARING
SATURDAY, SEPTEMBER 11, 2004
9:00AM TO 3:00PM

AGENCY VOLUNTEER OPPORTUNITY FORM

Please complete one form per project.

1. Participating Agencies must have 501(c)(3) status.
2. Event is held rain or shine. Please provide inside project in case of rain.

DEADLINE TO APPLY IS ON OR BEFORE AUGUST 13, 2004

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: _____

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

* SKILLS NEEDED: _____

* WILL SPECIALIZED TRAINING BE PROVIDED? _____ YES _____ NO

IF YES, BY WHOM? _____

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

* 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: _____

* **THE AGENCY MUST SUPPLY ALL MATERIALS AND TOOLS NEEDED FOR DAY OF CARING
PROJECTS. EX. PAINT, BRUSHES, DROP CLOTHES, WOOD CHIPS.**

IF TOOLS OR EQUIPMENT ARE NEEDED THAT YOU CANNOT SUPPLY, PLEASE IDENTIFY
THEM HERE:

*** YOU WILL NEED TO PROVIDE A SIMPLE LUNCH FOR THE VOLUNTEERS.
EXAMPLE: PIZZA, SANDWICHES, SOFT DRINKS, WATER, ETC.**

**3. WILL YOUR AGENCY PROVIDE TRANSPORTATION FROM THE TOM QUICK INN 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 THE TOM QUICK INN IN MILFORD, 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 AUGUST 13, 2004

Thank you for participating in the United Way of Pike County's Fourth Annual Day of
Caring. For more information, please contact Christine Obser or Mike Donlon at
(570) 296-9980.

PLEASE MAIL OR FAX FORM TO:
UNITED WAY OF PIKE COUNTY'S DAY OF CARING 2004
PO BOX 806
MILFORD, PA 18337
TELEPHONE: (570) 296-9980 or 1-888-306-6963 FAX: (570) 296-5571
EMAIL: unitedwaypike@pikeonline.net

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

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