

# 2025 COMMUNITY CARE DAY PROJECT REGISTRATION FORM

## Agency/Organization Guidelines

*The success of your project depends on your ability to direct the volunteers. The following guidelines may help to ensure a successful (and smooth running) day.*

\* Please complete and return the project registration form by August 22<sup>nd</sup>.

\* Please provide and plan significant experiences for volunteers that directly benefit the agency/organization and its clientele.

\* Once volunteers have been assigned to your project a company contact will be identified. Please contact the company's point of contact to confirm location, tools, skills, etc. and to invite them to visit the project site.

\* Please provide all necessary supplies and equipment for volunteers. You should have materials, plenty of tools (if required) or other required resources available for the volunteers *prior* to their arrival.

\* Assign a staff person to coordinate and oversee volunteers (one staff person per project).

\* Please be prepared for emergencies. Know where the telephone and first aid kit is located.

\* Please have an agency representative on site at all times (especially sites working with the high school students).

\* Welcome volunteers with a project orientation to properly inform them of what they will be doing and how it will benefit the agency. Agency tours and nametags for volunteers are also suggested.

\* Please send thank you letters to volunteers. Names and addresses will be provided by United Way.

*Thanks for participating and have a great COMMUNITY CARE DAY!*

## Community Care Day Agenda (09/04/25)

|                  |   |
|------------------|---|
| 7:45 a.m.        | Breakfast Rally (Location TBA)                      |
| 9:15 a.m.        | Volunteers arrive at your agency/organization       |
| 9:30 a.m.        | Orientation/tour, project presentation              |
| 9:30 - 3:30 p.m. | Volunteers are at project site                      |
| 3:30 p.m.        | Wrap up/thank volunteers, complete evaluation forms |

### Step 1. Gather all the volunteers together before you begin your project!

Thank the volunteers!

For sites with High School Students, please plan to take attendance using a sign-in sheet

Provide house rules: location of restrooms, drinking fountains, lunch break (if it applies to your project).

### Step 2. Talk with the volunteers about United Way and your agency.

Briefly describe your services offered.

How does UW funding impact your agency?

Without UW funding, what wouldn't you be able to do?

If applicable, give a tour of your facility.

### Step 3. Delegate tasks to the volunteers.

If your project has adults working with youth, please thank the adults for being a positive role model for youth.

If the volunteers are looking for direction, put them to work and thoroughly explain what you want them to do.

### Step 4. Project Completion.

Before the volunteers leave, have them complete the evaluation and return it to you.

Thank the volunteers!

PLEASE SEND YOUR COMPLETED FORM TO THE UNITED WAY OF FAIRFIELD COUNTY  
BY EMAIL TO [gDavis@UWAYFAIRFIELD.CO.ORG](mailto:gDavis@UWAYFAIRFIELD.CO.ORG)  
QUESTIONS? PLEASE CALL US AT 740-653-0643 or EMAIL GARRETT DAVIS AT [gdavis@uwayfairfieldco.org](mailto:gdavis@uwayfairfieldco.org)  
THE FINAL DEADLINE FOR PROJECTS IS AUGUST 22<sup>nd</sup>

# 2025 COMMUNITY CARE DAY PROJECT REGISTRATION FORM

## AGENCY INFORMATION

Agency Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Contact t-shirt size (circle):   S     M     L     XL     XXL     XXXL  

Agency/Organization Mission: \_\_\_\_\_

## PROJECT INFORMATION

Please submit a separate form for each project site.

Total number of projects for this agency/organization: \_\_\_\_\_

Project Site Address: \_\_\_\_\_

Project Contact: \_\_\_\_\_

Project Phone: (    ) \_\_\_\_\_

Project Fax: (    ) \_\_\_\_\_

Estimated number of volunteers needed: \_\_\_\_\_

Project Description: \_\_\_\_\_

Can the volunteers meet you directly at the project site address?

Yes \_\_\_\_\_ No \_\_\_\_\_

☐ I have attached a map and/or specific directions to our agency and/or project site.

☐ I have ample parking for volunteers.

Skills necessary to accomplish the project: \_\_\_\_\_

Supplies volunteers will need to bring (Please keep supplies limited and inexpensive): \_\_\_\_\_

Supplies or materials that you will provide (Remember that you may seek donations for materials): \_\_\_\_\_

Appropriate dress: \_\_\_\_\_

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). \_\_\_\_\_

## LUNCHES (Circle One)

Project site will provide lunch for all volunteers.

Project site will not be able to provide lunch and would like volunteers to bring a sack lunch.

## OTHER

Does your agency have liability insurance that would include this event? ☐ Yes ☐ No

Are there any other issues we should be aware of? (i.e. confidentiality, etc.) \_\_\_\_\_

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