



United Way
of Washington County, MD

2019 Day of Caring Nonprofit Application **DEADLINE: 07/19/2019**

Agency Name: _____

Contact Person: _____

Contact Person Phone: _____

Contact Person Email: _____

Project Information

Project #1

Project #1 Address: _____

Project #1 Description (Please describe the scope of work for the project):

List all equipment/supplies required for the project that the agency will NOT be able to provide.
If none, state none: _____

Select all special skills required to complete the project:

- Carpentry
- Electrician
- Plumber
- Landscaping
- Painting – Construction related
- Painting – Artistic or design related
- Flooring
- Drywall installation
- Other, please specify

Is there adequate parking at this project site for the volunteers?

YES__ NO__

If parking is not adequate, please describe alternate parking area:

The estimated number of volunteers required to complete Project #1: _____

The estimated number of hours required to complete Project #1: _____

Project #2

Project #2 Address: _____

Project #2 Description (Please describe the scope of work for the project):

List all equipment/supplies required for the project that the agency will NOT be able to provide.
If none, state none: _____

Select all special skills required to complete the project:

- Carpentry
- Electrician
- Plumber
- Landscaping
- Painting – Construction related
- Painting – Artistic or design related
- Flooring
- Drywall installation
- Other, please specify

Is there adequate parking at this project site for the volunteers?

YES__ NO__

If parking is not adequate, please describe alternate parking area:

The estimated number of volunteers required to complete Project #2: _____

The estimated number of hours required to complete Project #2: _____

Project #3

Project #3 Address: _____

Project #3 Description (Please describe the scope of work for the project):

List all equipment/supplies required for the project that the agency will NOT be able to provide.
If none, state none: _____

Select all special skills required to complete the project:

- Carpentry
- Electrician
- Plumber
- Landscaping
- Painting – Construction related
- Painting – Artistic or design related
- Flooring
- Drywall installation

_____ Other, please specify

Is there adequate parking at this project site for the volunteers?

YES__ NO__

If parking is not adequate, please describe alternate parking area:

The estimated number of volunteers required to complete Project #3: _____

The estimated number of hours required to complete Project #3: _____

What is the total number of volunteers required to complete **ALL** projects requested? _____

Lunch

Will your agency be providing lunch for the volunteers?

_____ Yes

_____ No

T-Shirts

Please provide the number of each size t-shirts for your staff who will be participating in Day of Caring:

- Small _____
- Medium _____
- Large _____
- XL _____
- 2XL _____
- 3XL _____

Please e-mail, mail or fax this form to Allison Dillow (contact info below).

Deadline for all Project Requests: July 19, 2019.

If you have any questions, contact: Allison Dillow, Director of Marketing & Engagement

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