

**2019 Day of Caring
Volunteer Team Application
DEADLINE: 08/02/2019**



United Way
of Washington County, MD

Company/Organization Name: _____

Address: _____

Team Leader: _____

Work Phone: _____ Cell: _____

Email Address: _____

Will Team Leader be able to visit the project site to assess the scope of project and supplies needed? (More details as to team leader responsibilities will be provided) Y: _____ N: _____

If lunch is NOT PROVIDED by your project site, does your team want Chick-Fil-A or will you provide lunch for your team? Please check one: Chick-Fil-A: _____ Team Provided: _____

If Chick-Fil-A is selected, please provide the name/number of the on-site volunteer for food delivery if different than team leader info entered above.

Name: _____

Cell: _____

List any preference to type of projects, specific project site preferences, or other special comments?

- | | |
|--|---|
| <input type="checkbox"/> Painting – Construction Related | <input type="checkbox"/> Painting – Artistic / Design |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Flooring | <input type="checkbox"/> Tree Trimming |
| <input type="checkbox"/> Cleaning, Window Washing, etc. | <input type="checkbox"/> Outdoor |
| <input type="checkbox"/> Indoor | <input type="checkbox"/> Other, please specify below |

Other: _____

Provide any special skills that the team may have:

- | | |
|--|---|
| <input type="checkbox"/> Painting – Construction Related | <input type="checkbox"/> Painting – Artistic / Design |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Flooring | <input type="checkbox"/> Drywall Installation |
| <input type="checkbox"/> Other, please specify below | |

Other: _____

Please identify any equipment that the team may be able to provide:

- | | |
|--|--|
| <input type="checkbox"/> Hammer | <input type="checkbox"/> Saw |
| <input type="checkbox"/> Level | <input type="checkbox"/> Rake |
| <input type="checkbox"/> Shovel | <input type="checkbox"/> Gloves |
| <input type="checkbox"/> Paint Rollers | <input type="checkbox"/> Paint Brushes |
| <input type="checkbox"/> Spray Gun | <input type="checkbox"/> Other, please specify below |

Other: _____

Please add any additional information that you feel may be helpful to the Project Assignment Committee or General Comments: _____

T-Shirts:

Please provide the number of each size t-shirts for your staff who will be participating in day of Caring. *(t-shirt counts will be finalized and placed on 8/2, there will be no guarantee for t-shirts after this time.)*

T-shirts will be available for pickup during the team leader training (you will be invited to attend) or during kickoff/breakfast on the Day of Caring -09/19/19.

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: August 2, 2019.

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

Allison K. Dillow
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