

2010 Day of Caring

September 25, 2010

Project Fact Sheet

What it is...

- ☑ Chenango United Way's Day of Caring connects **volunteer employee groups with your nonprofit agency or organization**.
- ☑ Day of Caring schedules **half-day volunteer projects** from 9:30-12:30pm. *(Please contact Chenango United Way for information on afternoon or all-day projects).*
- ☑ Day of Caring projects **generate positive community relations** and possible media coverage for your agency.
- ☑ Your agencies will receive **valuable hands-on support** for needed projects.
- ☑ Our volunteers receive an opportunity to impact their community.
- ☑ Relationships begun during Day of Caring can be **mutually beneficial** far beyond the initial contact.
- ☑ Your Day of Caring project provides an opportunity to **educate volunteers** and the community about your agency.

How it works...

- ☑ Fill out the **Project Form** with the details of your project. Return the form to Chenango United Way by **July 30, 2010**.
- ☑ Attend the **Project Orientation Meeting** at Chenango United Way *(Date TBA)*.
- ☑ Your project will be confirmed by an **on-site** visit by a Chenango United Way representative.
- ☑ Please provide **all needed materials** for your project.
- ☑ Volunteers arrive at project site at **9:30 am**. Please be ready for volunteers at that time!!!
- ☑ On the day of the project, agencies **must provide staff supervision** and are **strongly encouraged to make a brief presentation** about your organization to the volunteer group.
- ☑ Please provide **water and light snack** for your volunteer group.
- ☑ A Chenango United Way representative will remain on site to serve as an ongoing resource to the agency and volunteer group throughout the project.

27 W. Main St
Norwich, NY 13815

Phone: 607-334-8815
Fax: 607-334-8815
www.chenangouw.org
E-mail: info@chenangouw.org

Live United.



2010 Day of Caring

September 25, 2010

Project Request Form

Agency Contact Information

Agency Name: _____

Agency Address: _____

Agency Phone: _____

Agency Email: _____

Contact Name: _____

Project Information

One request per page. To submit multiple projects, please make copies of this sheet. Please send all requests stapled together. Thank You.

Number of volunteers requested: _____

Description of project (agency will be liable for projects including the use of ladders or power tools)

Project Location: _____

Does the project have any physical limitations (e.g. heavy lifting)? _____

Restrooms on site? Yes No Parking on site? Yes No

27 W. Main St
Norwich, NY 13815

Phone: 607-334-8815
Fax: 607-334-8815
www.chenangouw.org
E-mail: info@chenangouw.org



Live United.