

Day of Action Project Participant Request Form

Participating organizations are responsible for ensuring all necessary materials and equipment are available during project execution. By default, projects will start at 10:00 a.m. on Friday, September 20, 2024. Special Requests: Contact Rebecca@UnitedWayofHCM.org.

Contact Information

Organization Name: _____

Physical Address: _____

Contact Name: _____ Email: _____ Phone: _____

Project Details

Project Name: _____

Project Description: _____

Project Address: _____

City/Town: _____ State _____ Zip _____

Project Needs

Number of Volunteers: _____ Estimated Hours: _____

Special skills needed: _____

What materials/supplies will you provide? _____

What materials/supplies will the volunteers need to provide? (ex. gloves, closed-toed shoes, dust mask, etc.) _____

Will you provide liability insurance to cover volunteers? Yes No

Does your agency have restrictions regarding the media, photos, video being taken inside your agency? Yes No

Will your project *require* additional funding? Yes No

Occasionally, but in rare instances, a UWHCM volunteer team or sponsor(s) may be able to provide supplies. If you need additional assistance, please explain below:

Authorized Signature: _____ Date: ____ / ____ / ____

Name / Title (Print): _____

Submit project/drive request form(s) to rebecca@unitedwayofhcm.org by 5:00 p.m. on **Thursday, August 15, 2024.**

Agency Drive Participant Request Form

Contact Information

Benefitting Agency Name: _____

Drive Contact (First, Last Name): _____

Phone: _____ Email: _____

Drive Details

Drive Start Date (mm/dd): _____ Drive End Date (mm/dd/yy): _____

Drive Address: _____

City/Town: _____ State _____ Zip _____

We are collecting the following items (past drives have been for nonperishable food, paper products, comfort kit items, books, toys, baby supplies, or school supplies): _____

Item Collection Information

Approved Drives will have items collected by UWHCM and our affiliates, please let us know how you would like to receive the items.

My agency can pick up the collected items on Day of Action (check here): Yes No

My agency will need to have the items delivered (check here): Yes No

We would like to schedule item collection at a later date Yes No

Authorized Signature: _____ Date: / /

Name / Title (Print) _____