

2021 PROJECT REQUEST FORM

Full Name:

Phone:

Email:

Project Site Address:

What type of project is this request for? Check appropriate box:

Residential

Nonprofit

****ONLY RESIDENTIAL APPLICANTS COMPLETE THIS SECTION****

Eligibility (check all that apply):

- 60 years or older
- Disabled
- Low-income
- Veteran

Additional questions:

- Do you own the property where work is being requested?
Yes No
- Can you provide proof of ownership upon request?
Yes No

****ALL APPLICANTS COMPLETE THIS SECTION****

Type of project work (check all that apply):

- Exterior Cleaning/Organizing
- Exterior Repair
- Exterior Painting
- Yardwork
- Landscaping/Gardening
- Other (please explain). List any interior work requested if nonprofit:

Special skills requested/required (check all that apply):

- Carpentry
- Electrical
- Plumbing
- Lift Operation
- Other (please explain):

Please describe the full scope of your project request:

Are you willing to supply supplies or equipment towards the completion of this request?

Yes No

If yes, list what you will be providing below:

Please list what would need to be provided by the project team:

Will volunteers have access to an on-site restroom?

Yes No

****Please note: All projects must be able to be completed in one 6-7 hour day****

I understand that the submission of this request form does not guarantee that this project will be selected for the Day of Caring. I further agree that all information I have submitted is true and verifiable upon request.

Signature:

Date:

PROJECT REQUEST DEADLINE: JUNE 30, 2021

For questions, contact: Jocelyn Hauer, Director of Community Impact and Investments

Email: jhauer@uwvvcmd.org Ph: 301.739.8200 x 103

2021 VOLUNTEER APPLICATION FORM

Full name:

Phone:

Email:

Home address:

Are you volunteering as:

- A Project Team Leader A Project Team Member
A Single Project Volunteer A Volunteer (Not for a Project)

What is your t-shirt size? (adult unisex):

Sm Med Lg XL 2X 3X 4X

Other (List size: _____)

****ONLY TEAM LEADERS COMPLETE THIS SECTION****

Company/organization:

Company/organization address:

Work phone:

Total # of team members from your company/organization:

Please list all team member names:

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

Is your team willing and able to pick up waste for site assignments? Yes No

Would your team like to receive United Way's provided lunch? Yes No

If yes, please include any pertinent allergy or food restriction information:

***Lunch typically includes: Chick-fil-A sandwich (or vegetarian option), bottled water, fruit, and 2 snacks.
Lunch will be delivered to your project site on day of event***

Total # of team members receiving provided lunches (if different than total team count):

Do you have any project type preferences? If so, please list:

****ONLY TEAM MEMBERS COMPLETE THIS SECTION****

Company/organization:

Company/organization address:

Work phone:

Team leader name:

****ALL PROJECT VOLUNTEERS COMPLETE THIS SECTION****

Provide any special skills you can contribute to a project:

- | | |
|--|---|
| Painting (home-improvement) <input type="checkbox"/> | Painting (artistic/design) <input type="checkbox"/> |
| Carpentry <input type="checkbox"/> | Plumbing <input type="checkbox"/> |
| Flooring <input type="checkbox"/> | Electrical <input type="checkbox"/> |
| Landscaping <input type="checkbox"/> | Drywall installation <input type="checkbox"/> |
| Truck driving <input type="checkbox"/> | Lift operation <input type="checkbox"/> |
| Other (please explain below): <input type="checkbox"/> | |

Please identify any supplies/equipment you may be able to provide:

- | | | | |
|---------------|--------------------------|-------------------------------|--------------------------|
| Hammer | <input type="checkbox"/> | Level | <input type="checkbox"/> |
| Shovel | <input type="checkbox"/> | Paint rollers | <input type="checkbox"/> |
| Spray gun | <input type="checkbox"/> | Saw | <input type="checkbox"/> |
| Rake | <input type="checkbox"/> | Gloves | <input type="checkbox"/> |
| Paint brushes | <input type="checkbox"/> | Other (please explain below): | <input type="checkbox"/> |

Do you have any project type preferences? If so, please list:

Are you receiving United Way's provided lunch? Yes No

If yes, please include any pertinent allergy or food restriction information:

****Lunch typically includes: Chick-fil-A sandwich (or vegetarian option), bottled water, fruit, and 2 snacks.
Lunch will be delivered to your project site on day of event****

****ALL OTHER VOLUNTEERS COMPLETE THIS SECTION****

Please explain how you'd like to be involved in the Day of Caring (up to and including the event):

VOLUNTEER APPLICATION DEADLINE: JUNE 30, 2021

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Email: jhauer@uwwcmd.org Ph: 301.739.8200 x 103

2021 Day of Caring Project Agreement

RECITALS

The Property (as defined below and hereinafter "Property") may receive repairs as requested in the Project Request you recently submitted to the United Way of Washington County, Inc. ("United Way"). The repair work will be undertaken by volunteers as part of the United Way's 2021 Day of Caring which is scheduled for September 16, 2021 ("Day of Caring").

A United Way volunteer contractor will contact you and make arrangements to visit your property (prior to September 16, 2021) and inspect the work you have requested to be completed. This initial visit will provide the volunteer with an idea as to the scope of the project and the materials necessary for completion. If you have any of the needed supplies/materials for the project, please advise the volunteer during this initial visit. Please be aware that there is no guarantee that the work you requested will be undertaken or that all of the tasks requested in your application will be completed as part of the Day of Caring. Many factors, including but not limited to weather, cost, time, or lack of volunteers, may affect whether the project is actually undertaken or whether it will be completed in its entirety. As a result, during the volunteer's initial visit please discuss which tasks requested are priorities for you.

In order to authorize the beginning of the planning process as well as the work to be undertaken on your property, the following terms and conditions must be agreed to by you:

1. I certify that I am the legal owner of the Property where the Day of Caring volunteers will be working.
 2. I expressly authorize the United Way and the Day of Caring volunteers to perform the repairs and improvements on my Property as requested in my submitted application.
 3. I expressly release and agree to fully indemnify and hold harmless the United Way, its employees, directors, partner organizations, and volunteer participants, from any and all liability that may arise directly or indirectly from the performance and completion of the repairs and improvements contemplated herein as part of the Day of Caring.
 4. In consideration of my voluntary participation in the Day of Caring, I agree to release the United Way and all other sponsoring organizations (including their officers, members, agents, directors and volunteer participants) from any and all liability whatsoever which may arise out of or be connected with participation in this event and all activities related to it.
 5. I acknowledge that the requested work will occur (at the sole and absolute discretion of the United Way) on September 16, 2021, and that I must be present at the Property on that day and must remain there for the duration of the project. I further acknowledge that circumstances may dictate that certain work relating to the project may occur on days other than September 16, 2021 and if so, I agree that all provisions of this document shall extend to those days as well.
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6. I agree to provide the United Way and its volunteer workers full access to the Property, which has been made as safe as possible, on the Day of Caring in order that they may undertake and inspect the work requested.

7. I acknowledge that there is no guarantee that any of the work requested will be undertaken by the United Way as part of the Day of Caring and that any project requested to be completed may be cancelled at any time and for any reason at the sole and absolute discretion of the United Way.

8. I understand that the volunteer work crew assigned to this Property will attempt to complete any project started but I acknowledge that the project may not be completed in its entirety. I further understand and agree that any project not started on the Day of Caring shall be considered cancelled.

9. I acknowledge that the work undertaken by the volunteer participants as part of the Day of Caring is not equal to that of a professional contractor and therefore no guarantees or warranties relating to the work undertaken are made by the United Way or any volunteer participant.

10. I agree that the United Way and the volunteer workers shall have the right to take photographs, as well as video and audio recordings, of me and my property during the work undertaken on the Day of Caring. I further agree that the United Way shall have all right, title and interest in said photographs and all video and audio recordings. I further consent to and authorize the United Way to use and reproduce said photographs, video and audio recordings and to circulate and publicize the same by all means, including but not limited to, newspapers and other print media, television media, brochures, pamphlets, marketing materials, websites and any and all social media.

11. I agree to provide a safe work area for the volunteer participants, including, but not limited to, keeping all pets in a secured area and away from volunteer workers at all times; determining if there are any electrical/power or other utility lines in close proximity to the work area; and identifying any other potentially unsafe conditions on the Property.

I acknowledge that the Recitals herein are considered substantive provisions of this Agreement; I hereby agree to the above items in Paragraphs 1-11; and I voluntary sign this document on this ____ day of _____, 2021.

Signature of Homeowner:

Printed name of Homeowner:

Address of property ("Property"):

Phone number:

Signature of Witness:

Printed name of Witness:

2021 Volunteer Release and Waiver of Liability

This **2021 Day of Caring Volunteer Release and Waiver of Liability** (the "Release") is executed on this _____ day of _____, 2021, by _____ (the "Volunteer"), in favor of the United Way of Washington County, Maryland, Inc., a Maryland non-profit corporation, its officers, directors, employees, agents, donors, volunteers, member agencies and any other organization, corporation, entity, or Washington County resident with which United Way partners to produce a project as part of the 2021 Day of Caring (collectively the "United Way"). The Volunteer desires to work as a volunteer for United Way and is aware of the wide range of activities associated with volunteering for the 2021 Day of Caring ("Day of Caring") and has made a voluntary choice to engage in these activities. **The Volunteer does hereby freely, voluntarily and without duress execute this Release under the following terms:**

1. Waiver and Release. In consideration of being permitted to participate in the Day of Caring, Volunteer agrees to release and forever discharge and hold harmless the United Way, its successors and assigns, collectively or individually, from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work as part of the Day of Caring. This includes all work being undertaken at any project site including but not limited to, United Way member agencies, other non-profit organizations, residents who are having work undertaken at their private homes, and any other party having a legal interest in the property on which Day of Caring projects/events take place.

Volunteer acknowledges that this Release forever discharges United Way from any and all liability, claim or cause of action that the Volunteer may have against United Way with respect to any bodily injury, personal injury, illness, loss, death or damage to personal property that may result directly or indirectly from Volunteer's work relating to the Day of Caring. Volunteer also acknowledges that United Way does not assume any responsibility for or obligation to provide financial assistance or any other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness to the Volunteer arising from the Day of Caring.

2. Medical Treatment. Except as otherwise agreed to by United Way in writing, Volunteer does hereby release and forever discharge United Way from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, medical care or service rendered in connection with the Volunteer's work relating to the Day of Caring.

3. Assumption of Risk. The Volunteer acknowledges that the work undertaken as part of the Day of Caring may include activities that may be hazardous to the Volunteer. Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases United Way from any and all liability for injury, illness, death or property damage resulting from the Volunteer's activities relating to the Day of Caring.

4. Insurance. The Volunteer acknowledges that United Way does not carry or maintain health, medical or disability insurance coverage for any volunteer. **EACH VOLUNTEER IS ENCOURAGED TO OBTAIN HIS OR HER OWN MEDICAL AND/OR HEALTH INSURANCE COVERAGE.**

5. Photographic Release. Volunteer agrees to and permits United Way to take photographic images and video and audio recordings of him/her during his/her work relating to the Day of Caring. Volunteer also grants and conveys to United Way all rights, titles and interests in said photographic images and video and audio recordings, including but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings. Volunteer further consents to and authorizes United Way to use and reproduce said photographic images, video and audio recordings and to circulate and publicize the same by all means,

including but not limited to, newspapers and other print media, television media, brochures, pamphlets, marketing materials and websites.

6. Covid-19. The World Health Organization has declared the novel Coronavirus (Covid-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the CDC and Maryland Department of Health have established recommendations and guidelines, which the Volunteer agrees to follow in participating in the Activity. In consideration of my participation in the Activity, the Volunteer acknowledges and affirms the following: a. I am aware of the existence that my participation in the Activity may cause injury or illness such as, but not limited to Influenza, MRSA, or Covid-19 which may lead to paralysis or death. b. I have not experienced symptoms of fever, fatigue, loss of taste or smell, difficulty in breathing, dry cough, or any other symptoms relating to Covid-19 or any communicable disease within the last 10 days. c. I have not, nor have any member(s) of my household, traveled by sea or by air, internationally within the last 30 days. d. I did not, nor have any member(s) of my household, visited any area within the United States that was reported to be highly affected by Covid-19, in the last 10 days. e. I have not, nor have any member(s) of my household, tested positive for the Covid-19 virus within the last 30 days.

IF ANY OF MY ANSWERS TO Paragraph 6 b.-e. CHANGE AFTER I SIGN THE RELEASE, I SHALL IMMEDIATELY INFORM THE UNITED WAY, AND NOT PARTICIPATE IN THE ACTIVITY FOR WHICH I SIGNED THE RELEASE.

7. Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted under the laws of the State of Maryland, and this Release shall be governed by and interpreted in accordance with the laws of the State of Maryland. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be in full force and effect.

8. Effective Date. This Release shall be effective immediately upon execution and shall cover any and all work Volunteer performs before, during and after September 16, 2021 in relation to their assigned project and the Day of Caring.

IN WITNESS WHEREOF, Volunteer has read and understood this Release and all its terms and conditions and has executed this Release as of the day and year first above written.

WITNESS ("VOLUNTEER"):

Signature:

Printed Name:

Home Mailing Address:

Company/organization (if part of a team):

Phone:

Email:

If you prefer not to be added to our mailing list, please check this box:

2021 Project Feedback Form

Name of person completing feedback form: _____

Did you receive residential or nonprofit assistance? _____

If nonprofit, please list the organization name: _____

Questions	Answers
Please list all services you received on Day of Caring:	
Please rate your overall satisfaction with the services provided. 1 is extremely satisfied and 5 is extremely dissatisfied.	1 2 3 4 5
How knowledgeable and professional were the volunteers, in your opinion? 1 is extremely unprofessional and 5 is extremely professional.	1 2 3 4 5
Do you feel the volunteers positively contributed to improving your residence or nonprofit? 1 is absolutely agree and 5 is absolutely disagree.	1 2 3 4 5
Have you participated in the Day of Caring in the past?	Yes No
How did you find out about Day of Caring?	
What would you change about your Day of Caring experience?	
What was the best part of your Day of Caring experience?	
Would you like to learn more about other services we offer?	Yes No
If yes, please provide your email address.:	
If you have any additional comments, questions or suggestions, please enter them here.	

THANK YOU FOR YOUR FEEDBACK!

PLEASE COMPLETE & RETURN BY: SEPTEMBER 24, 2021

For questions, contact: Jocelyn Hauer, Director of Community Impact and Investments

Email: jhauer@uwwcmd.org Ph: 301.739.8200 x 103

2021 Team Leader Feedback Form

Name of Person Completing Evaluation: _____

Organization Name: _____

Team Leader Name: _____

Project Address: _____

Questions	Answers				
Did you solicit any in-kind donations for supplies? If yes, please describe what you received and from where:	Yes	No			
Did your team donate any funds to complete your project? If yes, please indicate the amount and purpose: Please provide the approximate number of hours worked by your team:	Yes	No			
How would you rate your overall Day of Caring experience? 1 is considered the worst experience, and 5 is the best.	1	2	3	4	5
Were your questions answered by the UWWC staff in a timely and helpful way?	1	2	3	4	5
How would you rate the Day of Caring impact on the community, based on your experience?	1	2	3	4	5
Did you receive the provided lunch?	Yes	No			
Would you consider volunteering for the Day of Caring again? 1 is completely unlikely and 5 is completely likely.	1	2	3	4	5
Would you volunteer for this type of project again? 1 is completely unlikely and 5 is completely likely.	1	2	3	4	5
Would you volunteer for this type of agency/home again? 1 is completely unlikely and 5 is completely likely.	1	2	3	4	5
Please provide any additional comments or suggestions that may help the Steering Committee in planning the 2022 Day of Caring:					

THANK YOU FOR YOUR FEEDBACK!

PLEASE COMPLETE & RETURN BY: SEPTEMBER 24, 2021

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