



**Volunteer Site
Contractor Training**



Identify yourself

Name tag
United Way shirt



Coordinate with the
resident/nonprofit

Call ahead of time



Bring all required documentation



Don't forget a
device for pictures

Phone, camera,
whatever takes
pictures

Before You Go

Size	Qty Avail
Small	0
Medium	7
Large	20
XL	4
2X	5
3X	2

Where can I get my forms?

- Visit the Day of Caring Event Page>Printable Documents & Forms
 - <https://www.unitedwaywashcounty.org/day-caring-2022>
- Or, let Jocelyn know you need print-outs

Printable Documents & Forms Library

2022 Important Dates
In-Kind Donation Form
Lunch Form (coming soon!)
Project Feedback Form
Project Request Form
Reimbursement Form
Sponsorship Levels Printout
T-Shirt Form (coming soon!)
Team Leader Feedback Form
Volunteer Application Form
Volunteer Release and Waiver of Liability Form
Waste Voucher Forms

[Volunteer Contractor Residential Site Visit Form](#)
[Volunteer Contractor Nonprofit Site Visit Form](#)
[Volunteer Contractor Project Agreement Form](#)
[Volunteer Contractor Safety Checklist](#)
[Volunteer Contractor Training Printable](#)

While Reviewing, Consider...



Reasonableness of request

Can your average volunteer do this?
Is this a job for a licensed contractor?
Does this work require a permit?
Can the request be completed in one
typical 6-7 hour day? (Consider
discussing scale back with resident if
not.)



Expectations

Be honest about scope if it's not in our
wheelhouse



Safety hazards for volunteers

Requests for work on ladders
exceeding a 2nd story
Aggressive animals
Unstable structures/trees nearby that
pose risk



Completed/signed Site Visit Form



Signed Project Agreement Form

Signatures from resident/NP contact and witness (you, the reviewer)



Thorough Estimate of Cost

Include part numbers from store, when possible



Pictures of project scope



Safety Checklist

Checklist

Site Visit Form - Residential

2022 RESIDENTIAL SITE FORM

Owner Name:		Job Address:	
Address:			
Phone:			
Homeownership Verified?	Yes No	Liability Form Reviewed and Signed?	Yes No
		Original Attached?	Yes No
Total Number of Volunteers Needed:		Hours Needed To Complete All Projects:	
Building or Trade Permits Required?		Yes No	
If so, can one be obtained prior to starting project?		Yes No	
For verification, contact the City of Hagerstown Permit Office at 301-739-8577 ext. 119 or the County Permit Office at 240-319-2435			
Which tasks can be completed from resident's request? (Assessing time and costs)			
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
List of supplies for Teams to purchase or bring (Please be very specific to include paint colors, # of gallons, etc.):			
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
Any supplies being provided by owner? Yes No (Do not include these items in supplies above)			
If so, please specify:			
Estimated cost of supplies:			
Special Tools/Equipment Needed: (Including Truck/Trailer To Haul Away Items)			
If needed, is there access to water and electricity? Yes No			
If so, indicate location:			

List any safety concerns for volunteers:	
Can they be corrected? If so, how?	
Is there adequate on-site parking?	Yes No
If no, is there an alternate parking area?	Yes No Location:
Can the homeowner communicate clearly? (i.e., are they hearing impaired, do they seem confused, does another person need to be present while the project is being done, etc.)	
Any additional comments or concerns?	
Form Completed By:	Date:

Site Visit Form - Nonprofit

2022 NONPROFIT SITE VISIT FORM

Contact Name:	Agency:
Phone:	Address:
Email:	
Total Number of Volunteers Needed:	Hours Needed To Complete All Projects:
Project # 1 Description:	
Project # 1 Address:	
Building or Trade Permits Required? Yes No If so, can one be obtained prior to starting project? Yes No	
For verification, contact the City of Hagerstown Permit Office at 301-739-8577 ext. 119 or the County Permit Office at 240-313-2435	
Which tasks can be completed from Agency's request? (Assessing time and costs)	
1. _____	
2. _____	
3. _____	
List of supplies for Teams to purchase or bring (Please be very specific to include paint colors, # of gallons, etc.):	
1. _____	
2. _____	
3. _____	
Any supplies being provided by Agency? Yes No (Do not include these items in supplies above) If so, please specify:	

Estimated cost of supplies:
Special Tools/Equipment Needed: (Including Truck/Trailer To Haul Away Items)
If needed, is there access to water and electricity? Yes No If so, indicate location:
List any safety concerns for volunteers:
Can they be corrected? If so, how?
Is there adequate on-site parking? Yes No Location: If no, is there an alternate parking area? Yes No
Any additional comments or concerns?
For Project one: Number of Volunteers : Time Required:
Project # 2 Description:
Project # 2 Address:
Building or Trade Permits Required? Yes No If so, can one be obtained prior to starting project? Yes No
For verification, contact the City of Hagerstown Permit Office at 301-739-8577 ext. 119 or the County Permit Office at 240-313-2435
Which tasks can be completed from Agency's request? (Assessing time and costs)
1. _____

2. _____
3. _____
List of supplies for Teams to purchase or bring (Please be very specific to include paint colors, # of gallons, etc.):
1. _____
2. _____
3. _____
Any supplies being provided by Agency? Yes No (Do not include these items in supplies above) If so, please specify:
Estimated cost of supplies:
Special Tools/Equipment Needed: (Including Truck/Trailer To Haul Away Items)
If needed, is there access to water and electricity? Yes No If so, indicate location:
List any safety concerns for volunteers:
Can they be corrected? If so, how?
Is there adequate on-site parking? Yes No Location: If no, is there an alternate parking area? Yes No
Any additional comments or concerns?

Site Visit Form – Nonprofit (cont.)

For Project Two:	
Number of Volunteers :	Time Required:
Project # 3 Description:	
Project # 3 Address:	
Building or Trade Permits Required?	Yes No
If so, can one be obtained prior to starting project?	Yes No
For verification, contact the City of Hagerstown Permit Office at 301-739-8577 ext. 119 or the County Permit Office at 240-313-2435	
Which tasks can be completed from Agency's request? (Assessing time and costs)	
1. _____	
2. _____	
3. _____	
List of supplies for Teams to purchase or bring (Please be very specific to include paint colors, # of gallons, etc.):	
1. _____	
2. _____	
3. _____	
Any supplies being provided by Agency? Yes No (Do not include these items in supplies above)	
If so, please specify:	
Estimated cost of supplies:	
Special Tools/Equipment Needed: (Including Truck/Trailer To Haul Away Items)	
If needed, is there access to water and electricity? Yes No	
If so, indicate location:	

List any safety concerns for volunteers:			
Can they be corrected? If so, how?			
Is there adequate on-site parking?	Yes	No	
If no, is there an alternate parking area?	Yes	No	Location:
Any additional comments or concerns?			
For Project three:			
Number of Volunteers :		Time Required:	
Form Completed By:		Date:	
Signature of Agency Representative Form Reviewed With:			
Date:			

Project Agreement Form

2022 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 2022 Day of Caring which is scheduled for September 15, 2022 ("Day of Caring").

A United Way volunteer contractor will contact you and make arrangements to visit your property (prior to September 15, 2022) 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 15, 2022, 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 15, 2022 and if so, I agree that all provisions of this document shall extend to those days as well.

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 voluntarily sign this document on this _____ day of _____, 2022.

Signature of Homeowner: _____

Printed name of Homeowner: _____

Address of property ("Property"): _____

Phone number: _____

Signature of Witness: _____

Printed name of Witness: _____

Thorough Cost Estimation

Homeownership Verified?	<u>Yes</u>	No	Liability Form Reviewed and Signed?	<u>Yes</u>	No
			Original Attached?	<u>Yes</u>	No
Total Number of Volunteers Needed: 5			Hours Needed To Complete All Projects: 6-8		
Building or Trade Permits Required?		Yes	<u>No</u>		
If so, can one be obtained prior to starting project?		Yes	No		

For verification, contact the City of Hagerstown Permit Office at 301-739-8577 ext. 119 or the County Permit Office at 240-313-2435

Which tasks can be completed from resident's request? (Assessing time and costs)

- 1 Paint Shed
- 2 Refasten Insulation under house
- 3 Remove old wood shed doors and install roof panels (or equivalent panels as weather barriers)
- 4 Scrape and Paint and Caulk windows on rear shed

Supplies Needed: (Numbers are Lowes Item Numbers)

*Valspar Barn & Fence Flat White Exterior Paint (5-Gallon)

Item #29048Model #009.0029048.008 \$78.00

*3 Gallons HGTV HOME by Sherwin-Williams Everlast Semi-Gloss Intricate Ivory Exterior Paint (1-Quart) Item #833036Model #HGSW4072-833036 \$77.00

*(6 Count) Ondura ONDURAPREMIUM 3.16-ft x 6.58-ft Corrugated Brown Asphalt Roof Panel

Item #2462452Model #1158 \$120.00

*(10 count) Severe Weather 2-in x 4-in x 8-ft #2 Prime Pressure Treated Lumber

Item #468930Model #2408P \$120.00

*Hillman 10 x 1-1/2-in Clear Roofing Screws

Item #1339874Model #117959 \$13.00

*(2 count) Hillman 10 x 3-in Wood To Wood Deck Screws (50-Count)

Item #755742Model #42606 \$11.00

Estimated cost of supplies: **\$400**

Special Tools/Equipment Needed: (carpentry tools, work gloves, skill saw, tape measure, paint brushes, rollers, Framing tools, hardware, caulk gun, scrapers, staple gun for insulation, driver/drill)

If needed, is there access to water and electricity? Yes No

If so, indicate location:

List any safety concerns for volunteers:

Can they be corrected? If so, how?

Is there adequate on-site parking? Yes No (On Street Parking)

If no, is there an alternate parking area? Yes No Location:

Can the homeowner communicate clearly? (i.e., are they hearing impaired, do they seemed confused, does another person need to be present while the project is being done, etc.) YES

Any additional comments or concerns?

Form Completed By: Damon Albert

Date: 06/21/2021

Pictures!



Safety Checklist

2022 HOME SAFETY CHECKLIST

(Use to Suggest Projects)

Ask a few preliminary questions:

- ___ 1. Have you ever fallen? If so, how?
- ___ 2. Can you reach everything in your home?
- ___ 3. Would you find it helpful to have a gripping device?

* Fire
* Accessibility
* Fall Prevention

KITCHEN

- ___ 4. Do the cupboards need to be re-arranged to be more accessible?
- ___ 5. Does the oven need cleaned? If so, is it feasible for the volunteers to do?

LIVING ROOM

- ___ 6. Is there clutter in the main walkway – is it free from cords, loose rugs, etc.?
- ___ 7. Do any shelves need to be re-arranged?

BATHROOM

- ___ 8. Would they like grab bars or handrails if there aren't any present?
- ___ 9. Is there a nonskid shower mat?
- ___ 10. Would they like a hand-held shower head if they don't already have one?
- ___ 11. Are there any other safety concerns in this room?

BEDROOM

- ___ 12. Is there adequate lighting from the bedroom to the bathroom? Would they like a nightlight?
- ___ 13. Does the tub need [cleaned](#)?

ALL AREAS

- ___ 14. Are all steps (inside & out) in good condition? Do any of stairways need handrails?
- ___ 15. Is there adequate lighting both inside & outside of the house?
- ___ 16. Do they have enough smoke detectors? Do the batteries need changed?
- ___ 17. Are there any other safety concerns that you observed inside or outside?

Turning in review files/papers

- All physical & electronic files must be turned in by **Tuesday, August 16th at 3:00 pm.**
- To submit physically:
 - Coordinate with Chris or Jocelyn for pick up/drop off
 - Can be on a thumb drive if electronic
- To submit files via cloud:
 - [Nonprofit](#)
 - [Residential](#)



The image shows two screenshots of a cloud storage interface. The top screenshot shows a folder named 'Boys & Girls Club' with a modification time of 'A few seconds ago' and a modifier of 'Jocelyn Hauer'. The bottom screenshot shows a folder named '123 DOC Lane' with the same modification time and modifier.

Name	Modified	Modified By	+ Add column
Boys & Girls Club	A few seconds ago	Jocelyn Hauer	
123 DOC Lane	A few seconds ago	Jocelyn Hauer	



Questions?

- Chris Howlett
 - Email: chowlett@hagerstownha.com
 - Phone: 301-573-5032
 - Jocelyn Hauer
 - Email: jhauer@uwwcmd.org
 - Phone: 301-739-8200 x 103
-



THANK YOU
FOR GETTING INVOLVED.
CHANGING LIVES.
LIVING UNITED.

