

# Caroline County Day of Caring 2009

## VOLUNTEER PROJECT PROPOSAL FORM

Please Return by AUGUST 15, 2009 to:

Rappahannock United Way,  
PO Box 398, Fredericksburg, VA 22404

Phone# (540) 373-0041 FAX# (540) 373-0356 EMAIL- [sbeck@rappahannockunitedway.org](mailto:sbeck@rappahannockunitedway.org)

PLEASE COMPLETE ONE FORM FOR EACH PROJECT. TYPE OR PRINT.

AGENCY NAME: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

NAME OF PERSON SUPERVISING VOLUNTEER WORK: \_\_\_\_\_

PROJECT SITE ADDRESS: \_\_\_\_\_

# OF VOLUNTEERS NEEDED TO COMPLETE THIS PROJECT: \_\_\_\_\_

TYPE OF PROJECT:

GIVE       ADVOCATE       VOLUNTEER

INDOORS PROJECT       OUTDOOR PROJECT (complete "PLAN B" below)

HALF DAY PROJECT (10am-1pm)       FULL DAY PROJECT (10am-5pm)

**DESCRIBE THE PROJECT:**  
(BE SPECIFIC – THIS INFORMATION WILL BE PRESENTED TO THE VOLUNTEERS)

**DESCRIBE THE BENEFITS OF THIS PROJECT TO YOUR AGENCY:**

**LIST SPECIFIC SKILLS NEEDED TO COMPLETE THIS PROJECT:**

**PLAN B (in case of inclement weather) - DESCRIBE JOB, SKILLS & BENEFITS:**

**PLEASE REMEMBER – Agencies are exclusively responsible for:**

- contacting your assigned volunteers **before** the Day of Caring to go over project details
- all materials and equipment necessary to complete the project
- refreshments and lunch (for full day projects)
- access to restroom facilities
- full supervision of volunteers throughout the project
- an agency representative to attend the Day of Caring Kick Off Breakfast

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**For agencies with more than ONE project, please complete this form for EACH proposal.**