

# DON'T JUST WEAR THE SHIRT, LIVE IT!

## Team Volunteer Packet DAY OF CARING 9.20.2017



United Way of Muscatine (UWM) invites you to participate in our 11<sup>th</sup> **Annual Day of Caring Part One** on **September 20, 2017!** This is a unique opportunity for your group to complete a meaningful service project for a local nonprofit agency or an area resident in our community who needs a hand.

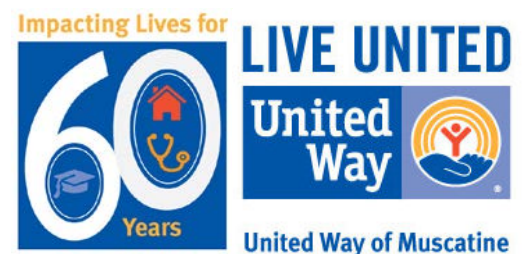
Day of Caring exemplifies what it means to LIVE UNITED. It takes all of us working together to help create a healthy and prosperous community.

There are many benefits to your group uniting with the community on Day of Caring. Through your involvement, you and your team are able to assist an agency or a neighbor with a project that would not normally be completed for lack of money, resources or staff.

When you build a team of committed volunteers within your community to serve, **you show a spirit of compassion and unity to your customers that reflects the mission of United Way.**

We are excited about connecting you and your volunteers with our community partners on Day of Caring! All entries must be submitted to: United Way of Muscatine, 208 W. 2<sup>nd</sup> St. Ste. 201, Muscatine, IA 52761 or fax (563) 263-8572 no later than August 25, 2017. Contact Nichole Sorgenfrey at (563) 263-5963 or e-mail [nichole@unitedwaymuscatine.org](mailto:nichole@unitedwaymuscatine.org) for more information.

Together we can inspire hope and create opportunities for a better tomorrow.  
That's what it means to LIVE UNITED.



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Thank you to our Day of Caring Overall Event Sponsors:



UnityPoint Health  
Trinity Muscatine

### Day of Caring Lunch:

You and your team are invited to our 2017 Breakfast & Lunch. Please RSVP on page 3.

Site: **Breakfast Time:** 7-8am (drop in) – Bridgestone Bandag 200 Bandag

**Lunch Time:** 11:30 am-1pm (drop in) – Program is at Noon – Carvery Church

### A Note on Team Leadership

- Recruit individuals to form a Day of Caring Team
- Register and fill out appropriate information for team(s) & submit not later than August 19, 2016.
  
- Training Sessions for Team Leader:
  - Wednesday, September 13: 4:30 Pm
  - Thursday, September 14: 8:00 Am
  
- Attend a Team Leader training to:
  - Receive information on what each team member will need for the Day of Caring
  - Receive information about working w/ the agency project coordinators and UWM to ensure the successful completion of the project and create a positive team experience.
  
- Assist Agency Project Site Coordinator with any pre-planning (Supplies and materials are the responsibility of the agency unless previous arrangements have been made between the two parties)

You will be notified by email when your team is assigned to a project and you should be contacted by the on-site coordinator within a reasonable amount of time. He/She will invite you to inspect the work site to discuss the project. If you are not contacted within a reasonable amount of time, please contact the site coordinator or United Way directly.

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## United Way of Muscatine

### Group Volunteer Form (one form per team)

Team Name/Company: \_\_\_\_\_  
 Project Coordinator: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone (September 20 use only): \_\_\_\_\_ Fax: \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

As Team Leader, I will attend the following training session (circle one):  
 Wednesday, September 13: 4:30 Pm or Thursday, September 14: 8:00 Am

- |  |  |                                       |
|--|--|---------------------------------------|
| <u>I/We prefer to work with:</u>           | <u>I/We can do:</u>                      | <u>We prefer to work:</u>             |
| <input type="radio"/> Anyone in need       | <input type="radio"/> Physical Labor     | <input type="radio"/> Wherever needed |
| <input type="radio"/> Agencies & charities | <input type="radio"/> Non-Physical Labor | <input type="radio"/> All Day         |
| <input type="radio"/> Churches             | <input type="radio"/> No Preference      | <input type="radio"/> Morning (8-12)  |
| <input type="radio"/> Individuals/Elderly  |  | <input type="radio"/> Afternoon (1-5) |
|  |  | <input type="radio"/> No Preference   |

Please list any specific skills your group may have (carpentry, sewing, painting, landscaping, etc.):

\_\_\_\_\_

\_\_\_\_\_

Please list any projects your group could not perform due to volunteer limitations (allergies, disabilities, pregnancy, weight lifting restrictions, etc.):

\_\_\_\_\_

\_\_\_\_\_

Please list any specific materials your company can provide for a project (lumber, scaffold, paint, books, etc.):

\_\_\_\_\_

\_\_\_\_\_

Volunteer Names & T-shirt size. Attach separate sheet if necessary. If more than 12 members per team, please form a 2<sup>nd</sup> team.

	Name	Shirt Size	Breakfast (Y/N)	Lunch (Y/N)		Name	Shirt Size	Breakfast (Y/N)	Lunch (Y/N)
1					8				
2					9				
3					10				
4					11				
5					12				
6									
7									

**Please return this form by August 25, 2017.**  
T-shirt sizes NOT returned by August 25 will NOT receive a shirt.  
 Questions? Call Nichole at 563-263-5963.

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## United Way of Muscatine

### Release Form (Must be signed by every participant)

I/We, the undersigned, do hereby release from liability any persons volunteering/working on projects, owners of property or any person associated with the United Way of Muscatine Day of Caring program. In case of emergency, I/We permit United Way representatives and any person on site to contact emergency response should something happen to me while volunteering.

I/We do hereby give unlimited permission to the United Way of Muscatine to use my picture/likeness, testimonial, audio or video talent on television, radio or in any printed materials for promotional purposes without any remuneration or repercussion to the United Way of Muscatine. Please keep team 12 and under in numbers.

Team Name: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_.

Please fax/mail this form to (563) 263-8572, or mail to 208 W. 2<sup>nd</sup> St. Ste. 201, Muscatine, IA 52761 **before August 25, 2017**. Attach separate form if necessary. Contact Nichole Sorgenfrey at (563) 263-5963 or email [nichole@unitedwaymuscatine.org](mailto:nichole@unitedwaymuscatine.org) for any questions or comments you may have.