



## Company Coordinator Responsibilities

1. Understand the concept behind Day of Caring and the critical role you play in its success.
2. Make a firm commitment to participate.
3. Assign one staff person to coordinate Day of Caring activities for your company. If you have a large group, you may want a committee to coordinate details.
4. Promote Day of Caring within your company. Suggestions:
  - Post the flyers announcing your participation as a Day of Caring company
  - Make announcements at department meetings
  - Use the Day of Caring logo and information in company newsletter
5. Make sure **all volunteers read, sign & submit the Participant Waiver Statement.**
6. Send in **ONE completed T-Shirt order form** for your company/organization.
7. Submit a **project preference form** for your business/organization.
8. Notify volunteers of what agency you will be working with, the project you will be working on and other needed details. Invite them to attend the Day of Caring Breakfast.
9. Keep constant communication with agency coordinator.
  - Contact agency for a thorough project description and specific needs
  - Plan a site visit prior to the event if needed
  - Find out directions, parking details or if your volunteers need to bring any materials or wear protective gear (supplies are primarily the agency's responsibility, but assistance or guidance from the company is very much appreciated)
10. Coordinate transportation for company volunteers to the Day of Caring Breakfast and to the project site(s). You may want to arrange for a bus or van, or you may want to coordinate a car pool.
11. Pick up t-shirts for your group at the United Way office once notified they are available.
12. Recognize and thank your employees for their time and commitment to making our community a better place.
13. HAVE FUN HELPING OTHERS!



**United Way of the Ozarks  
2009 Day of Caring  
August 20, 2009  
Project Preference Form**

Date \_\_\_\_\_

Company Name \_\_\_\_\_ Estimated Number of Volunteers \_\_\_\_\_

Company Coordinator \_\_\_\_\_

Prefer to all work at one agency

E-Mail \_\_\_\_\_

Willing to split to different agencies/sites

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Project Preferences:**

Please note that each preference line (1, 2 or 3) represents all projects that your company volunteers wish to be working on. For example if you wish to sign up for several projects as your #1 preference, they all need to be included on preference line #1, or change the #2 and #3 to a 1. The # of volunteers you will provide should reflect the total # of volunteers participating from your company. We will **attempt** to accommodate preferences.

Project/Agency/Area of Interest (i.e. Children, the Salvation Army, etc.)                      # of Volunteers

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Other Relevant Information (please note if employees are unable to work outside, don't feel capable of manual labor, etc.):**

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**Please fax back to the United Way office**

**FAX: 863-9102**

If you have any questions, please contact Kim Hopkins-Will at 417.863.7700 or khopkinswill@uwozarks.com



**United Way of the Ozarks  
2009 Day of Caring  
August 20, 2009**

## **Participant Waiver Statement**

**Each participant must sign this form!**

In accordance with the spirit of volunteerism and service, I, the undersigned, assume full and complete responsibility for any injury or accident that may occur to me during Day of Caring 2009, or while I am on the premises of any United Way of the Ozarks member agency. I hereby release and hold harmless the United Way of the Ozarks, United Way member agencies, and all sponsors, persons, and entities associated with Day of Caring 2009 from liability for injuries and damages sustained to me, whether caused by negligence of the sponsors, other persons, or entities associated with this event, or otherwise.

I also grant the United Way of the Ozarks permission to use any photographs taken of me while I am working on the Day of Caring project, in conjunction with any of its publicity programs.

Name (please print): \_\_\_\_\_

Company: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Every volunteer participating in the United Way of the Ozarks Day of Caring receives a free, 100% cotton t-shirt (made in the USA) to wear on the day of the event.

Small     Medium     Large     X-Large     XX-Large     XXX-Large

**This must be completed and returned by July 14, 2009 to:  
Kim Hopkins-Will, United Way of the Ozarks  
FAX: 417.863.9102**



**United Way of the Ozarks  
2009 Day of Caring**

**August 20, 2009**

**Volunteer T-shirt Order Form**

**Please submit only  
ONE T-Shirt Order Form  
for your Business/Organization!**

Every volunteer participating in the United Way of the Ozarks Day of Caring receives a free, 100% cotton t-shirt (made in the USA) to wear on the day of the event.

**Please complete the following information for your business/organization and fax by Monday, July 17 to: United Way of the Ozarks, Attn: Kim Hopkins-Will. Fax: 417.863.9102**

Your t-shirt order will be delivered to you a few days prior to the event. For more information call Kim Hopkins-Will at 417.863.7700.

Business/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

# \_\_\_\_\_ SMALL

# \_\_\_\_\_ X-LARGE

# \_\_\_\_\_ MEDIUM

# \_\_\_\_\_ XX-LARGE

# \_\_\_\_\_ LARGE

# \_\_\_\_\_ XXX-LARGE

Signature \_\_\_\_\_

Date \_\_\_\_\_