

# 2011 Day of Caring Registration Form

The Day of Caring Program matches employers, employees and members of organized labor with projects that allow individuals a behind-the scenes look at nonprofit agencies in our community. Day of Caring volunteers make a firsthand difference in the community by working as a team to perform meaningful volunteer projects at a variety of different agencies. **Get started:**

1. Form a committee and designate a Day of Caring contact person.
2. View the Day of Caring Catalog and pick your project then pick a date for your Day of Caring activities. You may schedule projects now through the end of December. Projects are assigned on a first-come, first-served basis.
3. Allow for plenty of time when scheduling project dates. Most agencies need 3-4 weeks, at minimum, to schedule volunteer groups.
4. Complete the online registration form or print the PDF version, complete it and return via email or fax to 269.382.8362. **Please do not contact agencies directly to adopt a project.**
5. Include any specific scheduling needs you have.
6. Volunteer Kalamazoo will facilitate a referral to your agency of choice and send you an email confirmation that includes contact information for your project(s).
7. The agency will contact you directly to review complete project information and finalize work schedules.
8. United Way provides complimentary Day of Caring T-shirts for each of your volunteers, if you would like them. Please wear the shirts while completing your project.
9. The GKUW Day of Caring Coordinator will assist you in any way needed: via email, 269.492.3723.

**For more info on Day of Caring and our member agencies, please visit  
[www.KalamazooUnitedWay.org](http://www.KalamazooUnitedWay.org)**

## PROJECT SELECTION

COMPANY: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ # \_\_\_\_\_ Project volunteers are anticipated.

Indicate project name and organization by first, second, and third choices. **Please register - do not contact agencies directly to adopt a project.**

1. Project Name/Org: \_\_\_\_\_

2. Project Name/Org: \_\_\_\_\_

3. Project Name/Org: \_\_\_\_\_

Please schedule us for a total of # \_\_\_\_\_ projects.

### SCHEDULING:

Specific Date/Time Requested: \_\_\_\_\_

*Please note: This date is not a guaranteed date, rather the date proposed for the project. Most agencies require 3-4 weeks notice or more to schedule volunteer groups.*

## RETURN TO DAY OF CARING COORDINATOR

Volunteer Kalamazoo

709-A S. Westnedge Kalamazoo, MI 49007

Phone: 382.8350

Fax: 382.8362