

Week of Caring Project Registration Check List

Agency Name	
Project Name	
Primary Contact for project Name Email address Phone	
Project Location: Street, City, & Zip Code	
Project Description A detailed description of this particular project. Volunteers will read your description as they register for this event.	
Project Date	
Project Start and End Time	
Please designate time of day project will be held. (Morning, Afternoon, Evening, All Day)	
Do you have any special requirements of the volunteers (able to lift, TB test requirement, work with public, handle currency)?	
Does the volunteer need to bring any supplies (paintbrushes, gloves, pruners, etc.) for this project?	
What type of clothing should the volunteer wear for this project? Professional, Casual, Grubby, Closed Toe Shoe	
Please designate your project's category. Building/Construction Painting/Renovations Gardening/Planting Mentoring Consulting Mentoring/Career Development Reading (Education) Environmental Clean Up Food/Gift Drive Soup Kitchen/Food Pantry Health & Wellness Seasonal Party/Carnival	
What is the minimum number of volunteers you will accept for this project? This number should be greater than 6.	
What is the maximum number of volunteers you will accept for this project?	
Are children (under 18 years of age) able to work on this project? Yes or No	
What is the minimum age of a volunteer that you will accept for this project?	
Will you provide lunch for the volunteers?	
Please provide your agency's EIN (Employer Identification Number). Format xx-xxxxxxx	
Name of Executive Director	
Executive Director's Email Address	

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