United Way of Muscatine (UWM) invites you to participate in our 14th Annual Day of Caring Part One on September 23, 2020! 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 can assist Senior citizen with a project that would not normally be completed for lack of resources.

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. 2nd St. Ste. 201, Muscatine, IA 52761 or emailed no later than August 28, 2020. Contact Nichole Sorgenfrey at (563) 263-5963 or e-mail nichole@unitedwaymuscatine.org for more information.

Due to Covid-19 we are only working on senior homes and working outside. No teams larger than 10 and there will not be a breakfast or lunch gathering. If your team is working all day, we will deliver you lunch. We ask that teams wear mask, gloves, and protective eye wear. We will provide hand sanitizer when we bring lunch. We will be delivering snacks and water to teams.

Together we can inspire hope and create opportunities for a better tomorrow. That is what it means to LIVE UNITED.
United Way of Muscatine
Thank you to our Day of Caring Overall Event Sponsors:

Day of Caring Lunch:
This year due to Covid-19 your lunch will be delivered to your team at the work site if you are working all day.

A Note on Team Leadership

- Recruit individuals to form a Day of Caring Team, 10 or less per team.
- Register and fill out appropriate information for team(s) & submit not later than August 28, 2020.
- Training Sessions for Team Leader:
  - Thursday, September 17: 7:30 Am or 4 Pm (will be done virtually)
  - 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 home owner 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.
**Team Name/Company:**______________________________________________________________________

**Project Coordinator:**_____________________________________ **Work Phone:**_________________________

**Cell Phone (September 23 use only):**___________________________ **Fax:**________________________________

**Work Address:**______________________________________________________________________________

**E-mail:** __________________________________              _____                                                                               ___

As Team Leader, I will attend the following training session (circle one):

- [ ] Thursday, September 17:   7:30 Am  or  4 Pm  (will be done virtually)

I/We prefer to work with:  I/We can do:    We prefer to work:

- [ ] Anyone in need  - [ ] Physical Labor  - [ ] Wherever needed  
- [ ] Individuals/Elderly  - [ ] Non-Physical Labor  - [ ] Indoor work  
- [ ] No Preference  - [ ] Outdoor work  - [ ] Morning (8-12)

- [ ] No Preference  - [ ] Afternoon (1-5)

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. Teams of 10 or less only due to Covid-19.

<table>
<thead>
<tr>
<th>Name</th>
<th>Shirt Size</th>
<th>Name</th>
<th>Shirt Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>5</td>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Please return this form by August 28, 2020.**

**T-shirt sizes NOT returned by August 28 will NOT receive a shirt.**

**Questions? Call Nichole at 563-263-5963.**
DAY OF CARING 9.23.2020  
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. **If you are not feeling well or have symptoms of Covid-19 please stay home.**  

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 10 and under in members.  

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:                              .  

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 email/mail this form to nichole@unitedwaymuscatine.org, or mail to 208 W. 2nd St. Ste. 201, Muscatine, IA 52761 before August 28, 2020. Attach separate form if necessary. Contact Nichole Sorgenfrey at (563) 263-5963 or email nichole@unitedwaymuscatine.org for any questions or comments you may have.