Day of Caring
September 8th, 2017

26th Annual
Day of Caring
2017

NOTE: The Day of Caring began as a community project to help elderly & disabled citizens who could not help themselves either physically or financially. If you have the means to help yourself, please do not submit a job request. We want to be able to help all those in our community who need our help most. Thank You

NAME OF RESIDENT/INDIVIDUAL: _____

DOES INDIVIDUAL/RESIDENT HAVE ANY SPECIAL NEEDS THAT VOLUNTEERS NEED TO BE AWARE OF?
(I.e. hearing impaired, wheelchairs, etc.)?　　_____YES　_____NO

IF YES, PLEASE DESCRIBE: _____

ADDRESS OF JOB SITE: _____

DIRECTIONS TO THE HOME (MANDATORY FOR ALL OUT OF THE WAY HOMES & ALL CLOUDCROFT HOME JOB REQUESTS):

_____
_____
_____
_____

INDIVIDUAL'S PHONE NUMBER: _____ IF NO PHONE, OTHER CONTACT: _____

REFERRED BY: _____ FROM: _____

DESCRIPTION OF JOB(S) NEEDING DONE: (PLEASE LIST BY PRIORITY)

1)　_____
2)　_____
3)　_____
4)　_____

DOES THE JOB REQUIRE SPECIAL EQUIPMENT? ____NO ____YES _____

DO YOU HAVE THE MEANS TO COMPLETE THE JOB YOURSELF (i.e. FAMILY MEMBERS IN AREA OR FINANCIALLY)? ____YES ____NO

IF YES, WHY IS HELP BEING REQUESTED? _____
_____

IF NOT THE HOUSEHOLD RESIDENT, DOES THE INDIVIDUAL KNOW YOU HAVE PUT IN A JOB REQUEST FOR ASSISTANCE?
_____YES _____NO

IS THE INDIVIDUAL IN NEED OF ASSISTANCE A VETERAN? _____YES _____NO

WILL YOU BE HOME ON SEPTEMBER 8th, 2017? _____YES _____NO   IF NOT, WHO WILL BE?

26 Years of Caring! 1991 - 2017

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE, BUT NO LATER THAN
Monday, July 31, 2017
(ALL JOB REQUESTS MUST BE DELIVERED OR POSTMARKED BY THE ABOVE DATE, NO EXCEPTIONS)

PLEASE SEE REVERSE

PLEASE READ THE FOLLOWING VERY CAREFULLY AND SIGN AT THE END.

ALL RESIDENT/INDIVIDUALS REQUESTING WORK TASKS SHOULD SUPPLY ALL TOOLS AND MATERIALS THAT WILL BE NEEDED BY VOLUNTEERS TO ACCOMPLISH THE JOBS. ONLY IF THIS WILL BE A FINANCIAL BURDEN TO THE INDIVIDUAL, WILL THIS ORGANZIATION TRY OUR BEST TO GET THE NEEDED ITEMS DONATED.

This organization and any volunteer(s) that participate in the DAY OF CARING have the right to refuse to do any work that may cause personal injury, damage to property or for any other reason(s) the volunteer(s) deem necessary.

Residents/Individuals that are requesting to have jobs done by the volunteers on the DAY OF CARING must be fully aware that any work that is accomplished will be done in the most professional manner and to the best of the volunteer's ability. VOLUNTEERS & THIS ORGANIZATION ARE NOT LIABLE FOR WORK THAT MAY NOT MEET THE EXPECTATIONS OF THE RESIDENT(S)/INDIVIDUAL(S).

ADDITIONALLY, PLEASE NOTE THAT ALL WORK IS DONE BY VOLUNTEERS & WHILE EVERY ATTEMPT WILL BE MADE TO ENSURE THEY ARRIVE, THIS ORGANIZATION CANNOT BE HELD RESPONSIBLE FOR NO-SHOWS.

The following jobs are acceptable projects for the volunteers:
- Cleaning
- Painting
- Lawn Care
- Wood cutting
- Packing/Unpacking Boxes
- Tree Trimming, ONLY if tree is not taller than the roof
- This list is not exclusive and jobs will be approved on a case-by-case basis

The following jobs are not acceptable jobs for the volunteers on the Day of Caring (no expectations):
- Tree trimming if the tree is taller than the roof, Wheel-Chair Ramps or ramps of any sort
- Roof work
- Any major projects requiring more than one-day worth of work
- Any job that would put our volunteers in harm's way
- This list is not exclusive and jobs will be approved/evaluated on a case-by-case basis.

Each job request will require an inspection by the Day of Caring Committee to determine if the job is something our volunteers are able to accomplish or not. Residents will know on the day of the inspection if they are approved or disapproved. Not all jobs will start in the a.m. some may not begin until after lunch depending on the amount of work that needs to be accomplished & number of jobsites.

If you have any further questions, please contact Linda L. Elliott, Executive Director at (575) 437-8400 or lindae@uwoterocounty.org or P.O. Box 14, Alamogordo, NM 88311

I HAVE READ THE FORM (FRONT & BACK) AND UNDERSTAND THE AGREEMENT.

_____   _____
Resident's Signature   Date

Office Use Only

Date Called: _____   Site Surveyed Date: _____   Site Approved / Disapproved

Date of follow-up call: _____