



Day of Caring®

Give. Volunteer. Act.

DAY OF CARING REQUEST FORM For Charity

Please email your completed

Day of Caring request to Gillian at

rda@uwcncvi.ca. If you have any

questions or would like more information,

please phone **250-591-8731**.

UWCNVI will make every effort to

accommodate your request and find a

suitable group of volunteers for your

Day of Caring event. Your flexibility and

understanding is greatly appreciated.

Organization name _____

Address _____

Main phone number _____

Website _____

Contact name _____

Phone number _____

Email _____

Project Details

What is the project? _____

Project location _____

Where will the project take place? Indoors Outdoors

Is your project date specific? Yes No

Is this a one-time event or a project that can be repeated with different volunteer groups? One-time Repeated

Number of volunteers needed: Min. _____ Max: _____

Minimum age of volunteers: _____

What, if any additional supplies are needed?

What is the total project cost? _____

Are you providing (circle): Coffee Snacks Lunch

Does your liability insurance cover this project? Yes No

Are there anticipated risks with this project? Yes No

If yes, please describe: _____

Will this event and photos be highlighted on your website & social media?

Yes No

