



## 2025 Agency Project Registration Form

**DEADLINE FOR SUBMISSION: August 15, 2025**

If your agency is submitting multiple projects, please register multiple times. DO NOT put several projects on one registration form.

The person who is registering a project should also be the project coordinator at the site on the Day of Caring. Please be sure to list the correct email and phone number of the person who will be at the project site on the Day of Caring. The person listed as the Project Coordinator will be contacted after the application closes and notified of the team that was assigned to complete the project.

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

City \_\_\_\_\_

County: Mifflin

Juniata

Agency Phone Number \_\_\_\_\_

Name of Project Coordinator \_\_\_\_\_

Project Coordinator Phone Number \_\_\_\_\_

Project Coordinator Email Address \_\_\_\_\_

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Is your project site wheelchair accessible? (Please circle one)

Yes

No

Number of Volunteers Required (Please consider the 6 - 7 hour timeframe, workspace, etc.)

1-4

4-8

8-12

12+

Other: \_\_\_\_\_

Although NOT a requirement, will your agency provide lunch and/or water for your volunteers?

\_\_\_\_\_ Yes      Lunch      Water      (Please circle)

\_\_\_\_\_ No

Please provide a specific description of the project (include dimensions, specific steps, prep work, etc.)

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Please check the category that represents your agency project:

\_\_\_\_\_ Painting/Staining      \_\_\_\_\_ Sorting, Stacking, Distributing, Assembling  
\_\_\_\_\_ Building/Construction/Carpentry      \_\_\_\_\_ Landscaping/Mulching/Weeding  
\_\_\_\_\_ Power Washing      \_\_\_\_\_ Cleaning/Scrubbing  
\_\_\_\_\_ Engineering (Mechanical, Electrical, Plumbing)  
\_\_\_\_\_ Other: Please Specify) \_\_\_\_\_

Please provide a list of the skills required to complete your agency project:

\_\_\_\_\_ Plumbing      \_\_\_\_\_ Carpentry  
\_\_\_\_\_ Mechanical Aptitude      \_\_\_\_\_ Computer Skills  
\_\_\_\_\_ Engineering      \_\_\_\_\_ Landscaping  
\_\_\_\_\_ Lifting (Able to lift up to \_\_\_\_\_ lbs.)      \_\_\_\_\_ Construction  
\_\_\_\_\_ Climbing ladders/scaffolding

Other: \_\_\_\_\_

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**Can you provide recommendations on special clothing volunteers should wear to complete the agency project?** (Example: Coveralls to protect their clothes from being ruined):

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**Can you recommend tools or equipment the volunteers may bring to help complete the project?**

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**Are there any special confidentiality or liability issues concerning the project, agency location, or clients? If so, please explain.**

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**Do you have any additional suggestions or feedback?**

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**Please email completed form to [mjuwcommunity@mjunitedway.org](mailto:mjuwcommunity@mjunitedway.org)**

### **Helpful Reminders:**

We will be in contact with you (the project coordinator) the week of August 25<sup>th</sup> to let you know the volunteer team that has been assigned to your project. Please keep an eye out for an email with details of the team you were matched with because in that email will be the contact information of the volunteer team leader who you will need to reach out to.

Every volunteer team leader and project coordinator will be provided with the contact information of their matched project or team so arrangements can be made to complete the project.

If you have any questions, please contact the United Way office at 717-248-9636 or email Holly Dean at [mjuwcommunity@mjunitedway.org](mailto:mjuwcommunity@mjunitedway.org)

***Thank you for your interest in the 2025 Day of Caring!***