



2019 DAY OF CARING – Friday, September 13

CLIENT APPLICATION

ABSOLUTE DEADLINE for submission of this application is Friday, August 9, 2019

To apply, a prospective client must meet all of the following criteria:

- Live in Warren County.
- Total income must be 200% or below the current federal poverty guidelines.
- **Certify that the client owns the property for which they are requesting work.**
- Home must not be on the market for sale or being prepared for sale.
- Have not received assistance from Day of Caring/United Way in the past 3 years.
- Submit copies of ALL sources of income, which will include wages, spousal/child support, disability, renters' income, SSI, **for everyone residing in the home.**

The types of jobs we are looking to do are jobs that a team of volunteers could reasonably complete in **ONE** day. Some projects completed in the past have included:

- Painting.
- Property clean-up (owners must supply lawn mower).
- **Minor** plumbing, electrical and carpentry work – pending volunteer expertise & availability.
- Minor weatherization – windows, insulation.
- Tear-down and haul away of old decks, porches, etc.
- Deck and railing repair/replacement.
- Landscaping/flower planting.

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE:

Home: _____ Cell: : _____ Email: _____



United Way of
Front Royal-Warren County

1. PLEASE EXPLAIN WHY YOU NEED ASSISTANCE FROM UNITED WAY:

2. PLEASE DESCRIBE THE PROJECT(S) THAT YOU NEED TO HAVE COMPLETED TO MAKE YOUR HOME MORE COMFORTABLE OR LIVABLE. **If more than one project, please list in order of priority.** (Attach additional sheet if more space is needed).



3. **PLEASE PROVIDE PROOF** of the **total gross annual income for your household.**
 (This is to include all income: wages, spousal/child support, disability, renter’s income, SSI,
for everyone residing in the home. ALSO, please provide names, ages and relationship to
 you of everyone living in your home).

Total annual income _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

4. Do you, or anyone in your household, qualify/receive state or federal assistance? Please
 identify type of assistance and monthly amount. (Medicaid, food stamps, TANF, Disability,
 etc.).

No Yes, Please explain: _____

5. Have you applied for or received assistance from United Way of Front Royal-Warren County
 in the past 3 years? If so, when?

Please return this application and the attached Client Waiver to:

United Way of Front Royal – Warren County
 PO Box 509
 Front Royal, VA 22630
 (540) 635-3636



**ABSOLUTE DEADLINE for RECEIVING this application is Friday,
August 9, 2019**

2019 Day of Caring

CLIENT Waiver Statement

(ALL CLIENTS must sign a copy of this form before any work is considered)

HOMEOWNERSHIP CERTIFICATION: By signing this application, I certify that I am the owner of record for the property and can provide documentation of ownership, upon request.

LIABILITY DISCLAIMER: In accordance with the spirit of volunteerism and service, I, the undersigned, release full and complete responsibility for any injury or accident that may occur during my voluntary participation in the Day of Caring activities. Therefore, I hereby release, indemnify, and hold harmless United Way of Front Royal – Warren County, the organizers, the agency or project site at which volunteers and sponsors and supervisors of all activities from any and all liability in connection with any injury (including any injury caused by negligence), or physical damage to my residence, in conjunction with volunteer activity held during any Day of Caring volunteer activity. I acknowledge that there are certain foreseeable and unforeseeable risks associated with participating in this event, including, but not limited to, illness, the effects of the weather, all such risks being understood and appreciated by me.

COMMUNICATIONS RELEASE: I hereby assign the rights for the video and/or photographic recording(s) made of me on participating in a volunteer activity by United Way or its agencies. I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and/or nonprofit use and distribution of said recordings for purposes deemed suitable by United Way. I hereby waive any right to approve the finished products.

I certify that I am at least eighteen years of age and am competent to enter into this release.

I have read the foregoing releases, authorizations and agreements. Before affixing my signature below I warrant that I fully understand their contents and certify that all information provided to United Way of Front Royal-Warren County is true.

Print Name: _____.

Signature: _____ Date: _____

Address (please print): _____



United Way of
Front Royal-Warren County

Phone: _____

Email: _____