



United Way
Front Royal/Warren County

2017 DAY OF CARING – Friday, May 5th

CLIENT APPLICATION

ABSOLUTE DEADLINE for submission of this application is Friday, April 7, 2017

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

- + Live in Front Royal or Warren County
- + Total income must be 150% or below the current federal poverty guidelines
- + Own/live in the home that the client is requesting work for and be unable to do the work themselves
- + **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 prior years**
- + Be able to 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 for are jobs that a team of volunteers could reasonably complete in a 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 of old decks, porches, etc.
- + Deck and railing repair/replacement
- + Landscaping/flower planting

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE:

Home: _____ Cell: : _____ Email: _____



United Way
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 Sheet if there are more projects.) _____



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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.)

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.)

Please return this application and the Client Waiver attached 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, April 7, 2017



United Way
Front Royal/Warren County

2017 Day of Caring

CLIENT Waiver Statement

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

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 Front Royal – Warren County United Way, 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 and warrant that I fully understand their contents.

Print Name: _____.

Signature: _____ Date: _____

Address (please print): _____

Phone: _____ Email: _____