

2022 Day of Caring

Project Application

Event will be  
Friday, June 24th

**UNITED** by Mission  
Driven by **IMPACT**

All applications due Friday, May 6th by 5:00 PM

*Please note that no roofing, plumbing, electrical, or foundation will be considered*

**Application Type (Circle one)**

Homeowner   Organization   Renter   Refer a Friend/Neighbor

Project Site Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**APPLICANT INFORMATION**

**\* Person filling out this form**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

When is the best time to reach you? (Circle one)

Day          Evening

Please list the best day/times to have a Day of Caring representative visit for a project assessment?

Does your organization serve veterans or is anyone residing in the home a veteran? (Circle one)

Yes          No

**HOMEOWNER INFORMATION**

Homeowner Name \_\_\_\_\_ Homeowner Phone Number \_\_\_\_\_

**RENTAL INFORMATION (if applicable)**

Landlord Name \_\_\_\_\_ Landlord Phone Number \_\_\_\_\_

Renter Name \_\_\_\_\_ Renter Phone Number \_\_\_\_\_

Is the landlord aware of this application? \* **A landlord's signature is required prior to approval of all applications.**

Yes          No

**ORGANIZATION INFORMATION (If applicable)**

Organization Name \_\_\_\_\_

Organization Phone Number \_\_\_\_\_



United Way of DeKalb County  
PO Box 307  
Auburn IN 46706  
260-927-0995



United Way  
of DeKalb County

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Project Description (please be as specific as possible): \_\_\_\_\_

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Please list in detail any equipment or supplies you have and will supply for the project:

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How much can you financially contribute to this project?    \$ \_\_\_\_\_

Is there anything else you would like us to know about your project?

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### Review and Acknowledgement

I certify that the information provided in this application is complete and correct and that all entries are true and filled in entirely to the best of my knowledge.

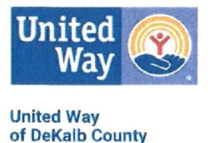
I understand that an application does NOT guarantee that my project will be accepted.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_



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# Project Release of

## Liability Waiver

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I am the owner and occupant of the above listed property. I give permission to volunteers from United Way of DeKalb County Day of Caring to work on my property for the purpose of the projects described below. I understand that these are not professionals working for profit, and that no warranty is made as to the quality of work done.

In consideration of the volunteer services to be rendered to me or my property by the volunteers, I the undersigned, release and agree to hold harmless United Way of DeKalb County, its staff, volunteers, representatives and any related agency from liability, injury, damages, accident delay or irregularity related to the aforementioned volunteer services.

This release covers all rights and causes of action of every kind, nature and description, which the undersigned ever had, now has, or but for this release, may have. This release binds the undersigned and his/her heirs, representatives and assignees.

In general the work to be done is described as

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### Consent to Use and Publication of Image

In consideration of participation in United Way of DeKalb County Day of Caring, I hereby give United Way of DeKalb County the absolute, unconditional, and irrevocable right and permission to use my name and to use, reproduce, edit, exhibit, project, display, copyright, and publish, photographic images and/or moving pictures and/or videotaped images of me with or without voice, in which I am included, in whole or in part, photographed, taped, videotaped, and/or recorded prior to, during, and/or after the United Way of DeKalb County Day of Caring project and, to circulate same in any and all forms and media for art, advertising, trade purposes, and competition, of every description and any other lawful purpose whatsoever, and I hereby consent to the use of all printed matter in conjunction therewith and waive all rights to inspect and/or to approve drafts, finished products, and/or editorial, promotional, and printed copy, and/or sound tracks, and hereby discharge and agree to hold United Way of DeKalb County, its staff, volunteers, and representatives harmless and fully indemnify United Way of DeKalb County Day of Caring from and against any and all claims arising by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the production, processing, duplication, projecting, or displaying of said images of me and from any and all Claims for violation of any personal and all proprietary rights of that I may have or may claim to have in connection with such images and with the production, alteration, use, distribution, and disposition thereof. This consent will remain in effect until the owner revokes via a written notice.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

United Way of DeKalb County Day of Caring Representative

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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