



DAY OF CARING

PROJECT APPLICATION

DATE: _____

APPLICATION TYPE (CIRCLE ONE)

Homeowner Organization Renter Refer a Friend/Neighbor

Project Site Address: _____

City: _____ State: _____ Zip Code: _____

APPLICANT INFORMATION (PERSON FILLING OUT THIS FORM)

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

When is the Best Time to Reach You? (Circle One)

Day Evening Specific Time: _____

How did you hear about Day of Caring? _____

Days/Times Available for Assessment on Project Property?

Does your organization serve veterans? (Circle one) Yes No

Does a veteran reside in the home? (Circle One) Yes No

HOMEOWNER INFORMATION:

Homeowner Name: _____ Phone Number: _____

RENTAL INFORMATION: (MUST HAVE LANDLORD APPROVAL / SIGNATURE)

Landlord Name: _____ Phone Number: _____

Renter Name: _____ Phone Number: _____

Is the landlord aware of this project application? Yes No

ORGANIZATION INFORMATION (IF APPLICABLE)

Organization Name: _____ Phone Number: _____

APPLICATION DUE - MAY 1, 2026



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**PLEASE NOTE: ROOFING, PLUMBING, ELECTRICAL OR
FOUNDATION WORK WILL NOT BE CONSIDERED.**

PROJECT DESCRIPTION: (PLEASE BE AS SPECIFIC AS POSSIBLE)

PLEASE LIST IN DETAIL ANY EQUIPMENT OR SUPPLIES YOU HAVE AND WILL SUPPLY FOR THE PROJECT:

HAVE YOU HAD A DAY OF CARING PROJECT COMPLETED IN THE PAST? WHEN/WHAT YEARS?

HOW MUCH CAN YOU FINANCIALLY CONTRIBUTE TO YOUR PROJECT? \$

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR PROJECT?

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.

Applicant Signature: _____ **Date:** _____

Landlord Signature: _____ **Date:** _____

*if applicable



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PROJECT RELEASE OF LIABILITY WAIVER

I am the owner and occupant of the above-mentioned 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 within this application. 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.

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 from, 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.

APPLICANT SIGNATURE: _____ **DATE:** _____

UNITED WAY OF DEKALB COUNTY DAY OF CARING REPRESENTATIVE
SIGNATURE: _____ **DATE:** _____