

CHILD CARE FACILITY PROJECT REQUEST FORM

Many groups contact Wake County SmartStart with an interest in supporting early childhood care and education through volunteerism. Do you have a need at your facility that a volunteer team can address? If you would like to have a project considered, please complete this form and submit to Nikki McDougald, Community Outreach Coordinator at nmcdougald@wakesmartstart.org. Questions? Please call Nikki at (919) 723-9292.

PRIORITY IS GIVEN TO CENTERS THAT PARTICIPATE IN THE CHILD CARE SUBSIDY PROGRAM.

Volunteer Contact		Title		
Facility Name				
Address	C	ity		State
Zip Code	Office Phone	Cell		
Number of Children on Sub	osidy			
•••••	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	
Number of Volunteers Nee	ded			
Project (Please check One)	Indoor or Outo	door		
VOLUNTEER TEAMS TYPIC	CALLY WORK IN THE MORN	NING. BEST DAY(S) FOR PROJECT	
Mon Tues	Weds	Thur	Fri	Sat
Number of Hours Needed t	o Complete		(Max Number	of Hours = 4)
DESCRIPTION OF PROJEC	г			

(If additional space is needed, please attach a separate sheet to the application.)

Staging area for supply drop-off? Yes or No

Most volunteer groups provide labor and are willing to bring their own tools if necessary. Some groups have the ability to donate needed supplies, but many do not. Do you have the funds for the needed materials?

Yes or No

PLEASE COMPLETE YOUR PROJECT BUDGET BELOW:

leeded Items (equipment & supplies)	Source (Where Items will be purchased)	Prices

Expressing thanks to volunteers is a part of the volunteer project experience. Centers that coordinate volunteers through WCSS are asked to incorporate a thank you from the children to the volunteers on the day of the activity. This can be done by having the children present a card or cards of thanks along with a snack to the workers on your site.

This form must be completed and returned to Nikki McDougald, Community Outreach Coordinator By email nmcdougald@wakesmartstart.org in order to be considered.