

**NAILS Mission Project**  
**635 East First Street**  
**Cumberland, MD 21502**



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[www.CumberlandHousing.org](http://www.CumberlandHousing.org)

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Date: January 1, 2020  
To: Potential Volunteer Groups  
From: NAILS Mission Project  
Re: Update to Program Information

The requests or applications for work are solicited from and submitted to us by both individuals and social service-related agencies. Therefore, the number of available work projects is contingent upon the amount received and the number of work groups participating. Our Project Coordinators and Supervisors carefully qualify all applicants for eligibility in the program as stated in our Program Manual. The work is vetted through the City Codes Compliance office to obtain further information on properties and to assure requirements of work projects meet City codes.

Each work project is designed around the skill level and number of volunteers in which the work group has indicated will be attending. If this information changes from the original application, please contact us a week prior to arrival and This allows us to assign appropriate work projects, assure the materials and supplies needed for the designed project is readily available and that the project is completed by that work group.

In the past, we have experienced work groups and homeowners changing the scope of work, changing colors of paint, adding additional work, etc. These actions have caused difficulties within the program operations and has left us with unused materials. There have been a few groups that have elected to make the changes and fund them on their own. This too causes difficulties. Therefore, all future work projects will be completed as approved by our Project Supervisor using the materials made available with no alterations.

Beginning with 2020, work groups will be scheduled every other week and weeks containing a holiday will be unavailable. We have been asked to relay to the work groups that if you are planning to stay at the local Presbyterian church, please keep the number to 20 people or less.

# ORGANIZATION APPLICATION FORM

Date of Application: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Contact Phone Numbers: Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address(s): \_\_\_\_\_

## Volunteer Requirements

- Volunteers should be equipped with some basic equipment to include: Safety glasses; work gloves; general tools such as hammers and screw drivers however if not available they can be supplied.
- Volunteers must wear proper work clothes and work shoes.
- A Participant Liability Release form must accompany this form for every participant.
- One adult for every three teenagers.
- There is a \$50.00 Participation Fee per volunteer. The check is to be made out to "NAILS Mission Project" and accompany this form.

## Requested Work Days and Dates:

Date of Arrival: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Departure: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Day of Work: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day of Work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check the days that your group is planning to work:

Monday  Tuesday  Wednesday  Thursday  Friday

## Volunteer Skill Level

Please provide details about the skill level (if applicable) of volunteers that will be participating in the project such as carpentry, plumbing, painting or other areas of relevant expertise. This information will help us match your group with appropriate projects!

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Please list below the members of your organization who will attend and participate.

	Participant Name	Sex M/F	Age	Tee-Shirt Size	Participant Special Skills
1	Group Leader				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

*You may copy this form to include additional volunteers*

**Safety Pledge**

Safety on NAILS work projects is extremely important! As a leader, I will be responsible for the safe conduct of my group. I will make sure that tools and machinery are being used by volunteers who can handle them. I will make sure protective equipment including gloves and safety glasses are being used at all times.

I will follow the lead of the Cumberland Housing Group NAILS Project Supervisor. If he determines a project or activity is unsafe, I will support the decision and follow his instructions.

I will maintain awareness and protect the safety of the home owner and other individuals living in the home.

\_\_\_\_\_  
Signature of Group Leader

\_\_\_\_\_  
Date