



# It's No Mystery.

Schuylkill County volunteers are  
the best!



## MAKE A DIFFERENCE DAY Registration Form Saturday, October 22, 2016

NAME OF GROUP OR INDIVIDUAL: \_\_\_\_\_

If group, name of contact person: \_\_\_\_\_ E-mail: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Street

City

Zip

Note: Addresses are used for mailing purposes so make sure the appropriate address is listed. This address belongs to: the group \_\_\_\_\_ or to the contact person for the group \_\_\_\_\_

PHONE NO.: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Note: Phone numbers are for internal use only and will not be published unless you want others to join your project. This phone number belongs to the group \_\_\_\_\_ or the contact person for the group \_\_\_\_\_

NAME AND BRIEF DESCRIPTION OF PROJECT: \_\_\_\_\_

WHO OR WHAT AGENCY/GROUP WILL THIS PROJECT BENEFIT? \_\_\_\_\_

APPROXIMATELY HOW MANY PEOPLE WILL THIS PROJECT BENEFIT? \_\_\_\_\_

APPROXIMATE NUMBER OF PEOPLE PARTICIPATING: \_\_\_\_\_

WHAT WILL YOU BE DOING ON OCTOBER 22<sup>nd</sup> IN RELATION TO YOUR PROJECT? **Note, MADDay is a national event and as such, we must abide by their timeframes. Your entire project does NOT have to occur on October 22<sup>nd</sup>, but a portion of it DOES need to take place within 7 days. It could be a donation delivery or check presentation, etc. Please be as specific as possible about time and location of activity.** \_\_\_\_\_

**We hope to see you at your event and remember to have fun with your project.**

**Please mail, fax (8:30 to 4:00 only please), or email to**

Janice Johnston, Community Volunteers in Action

420 North Centre Street, Pottsville, PA 17901

Phone 570 628-1426; fax 570 628-1099; [jjohnston@co.schuylkill.pa.us](mailto:jjohnston@co.schuylkill.pa.us)

## **IMPORTANT!!!**

**Do NOT return your completed final report form until AFTER your project is completed AROUND MADDay. Remember, some part of your project must be done around MADDay to be an official MADDay project.**

Dear Make A Difference Day Participant,

Now that you have completed your Make A Difference Day project, please take a few moments to complete the enclosed report form to tell us what you did. Be sure to include a detailed description (on a separate page if you need more room) of what exactly you accomplished. Be concrete and colorful about who was helped and how lives were changed. Include how many participated and how many were helped. Feel free to include photos and any other materials about your project that will help explain the scope and significance of what you did. This information is extremely important for reporting data for this office.

**When you return your completed report form, you'll receive a *Certificate of Appreciation*.**

The Schuylkill County Board of Commissioners will present *Special Commendation Awards* for outstanding county projects and we'll have the *Above and Beyond Award* for excellence. If your project is chosen for a local award, you will also be included in a random drawing for the small but mighty Make A Difference Day traveling trophy! **However, you can also choose to NOT be considered for an award. But please, send your report so we can accurately track how many Schuylkill County residents participate.**

Mail, fax (8:30 to 4:00 only please), or email your report to:

Community Volunteers in Action  
420 N. Centre Street  
Pottsville, PA 17901  
fax 570 628-1099  
email to [jjohnston@co.schuylkill.pa.us](mailto:jjohnston@co.schuylkill.pa.us)  
phone 570 628-1426

**WE MUST RECEIVE YOUR FINAL REPORT FORM BY**  
***Friday, November 4<sup>th</sup>***  
**TO BE CONSIDERED FOR AN AWARD.**

Thanks for helping to make a difference in your community!

Sincerely yours,

*Janice Johnston*

Janice Johnston, Director  
Community Volunteers in Action



Find us at [www.schuylkill.us/cvia](http://www.schuylkill.us/cvia) and check us out on Facebook.



# MAKE A DIFFERENCE DAY PROJECT FINAL REPORT FORM



NAME OF GROUP OR INDIVIDUAL: \_\_\_\_\_

If group, name of contact person: \_\_\_\_\_ E-mail: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Street City Zip

PHONE NO.: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Note: Phone numbers are for internal use only and will not be published unless you want others to join your project.

I/WE WANT TO BE CONSIDERED FOR AN AWARD YES\_\_\_\_ NO THANKS\_\_\_\_

NAME AND DESCRIPTION OF PROJECT Please be as specific as possible about who, what, why, when, where, how, and include descriptive numbers:

---

---

---

WHO OR WHAT AGENCY/GROUP BENEFITTED BY THIS PROJECT?

---

APPROXIMATELY HOW MANY PEOPLE DID THIS PROJECT BENEFIT? \_\_\_\_\_

APPROXIMATE NUMBER OF PEOPLE WHO PARTICIPATED: \_\_\_\_\_

**Submission must be received by Friday, November 4<sup>th</sup> to be considered for an award. Returned forms receive a Certificate of Appreciation.**

**Please mail, fax, or email to**

Janice Johnston, Community Volunteers in Action

420 North Center Street, Pottsville, PA 17901

Phone 570 628-1426; fax 8:30 to 4:00 only please to 570 628-1099

[jjohnston@co.schuylkill.pa.us](mailto:jjohnston@co.schuylkill.pa.us)