

**23rd Annual Day of Caring
September 30, 2016
Volunteer Team Registration**



| | | | |
|--|----------------|------------|-----------|
| Business/Organization _____ | | | |
| Address _____ | | | |
| Contact Person _____ | | | |
| work phone _____ | | cell _____ | |
| email _____ | | | |
| *is your group willing to split up if needed? yes no tell us what type projects your group <u>prefers</u> : any outdoors indoors on the lines below list any type of project or location you want to <u>avoid</u> : _____ _____ | | | |
| List your team members with time they are available "AM" is 9am to noon, "PM" is 1 pm to 4 pm. "All Day" is both** | | | |
| team member name | All Day | AM | PM |
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| <p>For United Way office use:</p> <p>number working a.m.: _____</p> <p>number working p.m.: _____</p> <p>total number of volunteers: _____</p> | <p style="text-align: center; font-size: 1.2em;">Thank you!</p> <p>**How many in your team will be eating with us?</p> <p>St. Bernards will provide breakfast;</p> <p>United Way will provide lunch.</p> <p>total attending breakfast: _____</p> <p>total attending lunch: _____</p> |
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**for placement purposes teams are limited to 10 volunteers - you may submit multiple team forms for your group.
We will try to assign your team to a project together if that is your preference, however some locations have limited space.*

Complete and return this form by August 31 to Paula Robertson
 paula.robertson@unitedway.org or fax to 870-935-0240