

Great Day of Service
Organization and Volunteer Sign-up

Name: _____

Name of Organization: _____

Address: _____

Phone #: _____

Additional contact and phone #'s: _____

If needed, would you or members of your organization be willing to work with other community members and organizations on the Great Day of Service? Yes / No

Volunteer Name	Contact Phone #	Skills	Wherever Needed (please check)
1.			
2.			
3.			
4.			
5.			
6.			
7.			