United Way of the Virginia Peninsula

2010 DAY OF CARING

VOLUNTEER PARTICIPATION FORM

A form for each volunteer must be on file with The Volunteer Center in order to participate in any activities related to the Day of Caring on Friday, September 10, 2010. Please FAX this form by August 1st to: (757) 262-0725. If you have questions, call The Volunteer Center at (757) 262-0190 or e-mail: ckincaid@volunteerpeninsula.org

_____

Volunteer's Name

_____

Company Name

_____

Company Address

_____

Daytime Phone *Fax* *E-mail Address*

——The first 500 volunteers registered will be ***guaranteed*** to receive a Day of Caring t-shirt——

Your T-shirt Size (circle): L XL XXL *I have volunteered for Day of Caring before (circle):* Yes No

It is important for me to work on a project with others from my company (circle): Yes No No Preference

The Day of Caring Coordinator for my company is: _____

*Coordinator's Phone:*_____ *Fax:* _____ *E-mail:* _____

Desired Project/Agency: _____

I will be able to bring supplies, such as tools, gloves, yard equipment (circle): Yes No

I have the following skills which may be helpful: _____

_____

I would prefer to volunteer during the following timeframe (check):

❒ All day on Day of Caring, September 10th ❒Morning Only 9-12noon ❒Afternoon Only Noon-4pm

❒More than one day ❒Special evening project ❒Special weekend project

VOLUNTEER WAIVER of LIABILITY: The undersigned volunteer agrees to allow United Way of the Virginia Peninsula, The Volunteer Center, and sponsors of the Day of Caring event to use his/her name, voice, photo, and likeness for promotional purposes without any case considerations or payments. The undersigned volunteer also agrees that this instrument exempts and relieves United Way of the Virginia Peninsula and The Volunteer Center from liability for personal injury, property damage, or wrongful death, as a result of the activities or services in which the undersigned may engage through the volunteer opportunities offered by United Way of the Virginia Peninsula during its Day of Caring event or events. The undersigned acknowledges that he/she has read this agreement and is fully aware of the legal consequences of signing this instrument.

_____

Volunteer's Signature *Date*

FOR OFFICE ONLY

Project Assigned: _____

Agency Assigned: _____ Date: _____

Updates: _____