2011 United Way Day of Caring

VOLUNTEER PARTICIPATION FORM

United Way of the Virginia Peninsula

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 9, 2011. Please FAX this form by August 15th to: (757) 262-0725.

Volunteer's Name _____ *Volunteer's Phone* _____

Volunteer's Personal E-mail _____ *Volunteer's Fax* _____

Company Name _____

T-SHIRTS

——The first 500 volunteers registered are 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

COORDINATOR

The Day of Caring Coordinator for my company is: _____

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

PROJECT LOCATION

Desired Project Jurisdiction (check ONLY ONE):

❒*Gloucester* ❒*Hampton* ❒*Newport News* ❒*Poquoson* ❒*Yorktown*

TYPE of PROJECT

Preferred available projects (check one or more): ❒*Scraping & Painting* ❒*Washing Windows*

❒*Cleaning Gutters* ❒*Raking Yards* ❒*Trimming Bushes* ❒*Removing Debris* ❒*Small Repairs*

I am able to bring supplies, such as tools, gloves, yard equipment: ❒Yes ❒ No

TIME OF PROJECT

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

❒ **All day on Sept. 9th** ❒**Morning Only 9-12noon** ❒**Afternoon Only Noon-4pm** ❒**More than one day**

VOLUNTEER WAIVER of LIABILITY—PLEASE READ CAREFULLY

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, The Volunteer Center, the cities of Hampton, Newport News, and Poquoson, and the counties of Gloucester and York, 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 ELECTRONIC SUBMISSIONS: ❒**I AGREE**

- You agree that the use of your typewritten name and clicking the "I agree" box, constitutes your "electronic signature".
- Your electronic signature shall be considered, for all purposes, as equal in every way to a handwritten signature.
- Your electronic signature shall have the same binding legal effect as if it were your original handwritten signature.

FOR OFFICE ONLY

Project Assigned: _____

Jurisdiction Assigned: _____ Date: _____

Updates: _____

If you have questions, call The Volunteer Center at (757) 262-0190 or e-mail: DOC2011@volunteerpeninsula.org