

# GIVE. ADVOCATE. VOLUNTEER. LIVE UNITED™



## 2010 DAY OF CARING VOLUNTEER REGISTRATION

*This completed form should be forwarded to the United Way office by  
Friday, March 26, 2010 to the Day of Caring Committee*

### DAY OF CARING VOLUNTEER TEAM COORDINATOR

NAME \_\_\_\_\_

TITLE \_\_\_\_\_ E-MAIL \_\_\_\_\_

COMPANY/ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

### IN MY ABSENCE CONTACT:

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

### PROJECT PREFERENCE: *(How long is your team available to volunteer?)*

\_\_\_\_\_ ½ DAY - AM

\_\_\_\_\_ ½ DAY - PM

\_\_\_\_\_ FULL DAY

OTHER \_\_\_\_\_

*(All projects should be completed by 5:00 p.m.)*

### I/WE PREFER TO WORK WITH *(Check all that apply):*

\_\_\_\_\_ People with special needs

\_\_\_\_\_ Indoor work

\_\_\_\_\_ Children & youth

\_\_\_\_\_ Outdoor work

\_\_\_\_\_ Adults/seniors

\_\_\_\_\_ Whatever is needed

\_\_\_\_\_ Anyone who needs help

### ALTERNATIVE DAY OF CARING SERVICE PROJECTS TO CONSIDER ARE *(Please check all projects you are interested in):*

\_\_\_\_\_ Collecting infant needs (diapers, baby formula, baby food, etc.)

\_\_\_\_\_ Collecting food bank items (nonperishable food)

\_\_\_\_\_ Collecting supplies for Homeless Shelters (linens, towels, toiletries, soap, etc.)

\_\_\_\_\_ Collecting school supplies for low-income youth

\_\_\_\_\_ Reading to children

\_\_\_\_\_ Other \_\_\_\_\_

**WHICH COUNTY ARE YOU AVAILABLE TO VOLUNTEER:**

\_\_\_\_ MOBILECOUNTY

\_\_\_\_ WASHINGTON COUNTY

\_\_\_\_ CLARKE COUNTY

**ADDITIONAL INFORMATION:**

Please list any specific skills your group may have (carpentry, counseling, landscaping, reading, etc.)

Please list specific materials/supplies your company can provide for a project (lumber, scaffolding, paint, etc.).

**NUMBER OF VOLUNTEERS ON TEAM : \_\_\_\_\_**

# of S Shirts \_\_\_\_\_

# of M Shirts \_\_\_\_\_

# of L Shirts \_\_\_\_\_

# of XL Shirts \_\_\_\_\_

# of 2XL Shirts \_\_\_\_\_

**ADDITIONAL NOTES/INFORMATION/PREFERENCES**

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*Please submit this form by Friday, March 26, 2010 to the Day of Caring Committee by fax: 251-431-0120*

**\*\*Projects will be assigned on a “first-in – first matched” basis.\*\***

**United Way of Southwest Alabama**

**Post Office Box 89, Mobile, Alabama 36601**

**Phone: 431-0113**

**Fax: 431-0120**

**Email: [kcohen@uwsa.org](mailto:kcohen@uwsa.org)**