

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

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