

COMMUNITY CARE DAY
Tuesday, September 13, 2011

Company/Organization VOLUNTEER Registration Form

COMPANY/ORGANIZATION NAME: _____

Address: _____

City / State / ZIP: _____

COMPANY COORDINATOR: _____

Title: _____

Address (if different from above): _____

Day Phone: _____ Evening Phone: _____

Fax: _____ E-mail Address: _____

** Confirmation/other details will be E-mailed with project assignments.*

Number of volunteers expected from your company: _____

Number of T-shirts needed for your volunteers and size distribution:

_____ S _____ M _____ L _____ XL _____ XXL _____ XXXL

Note: Because the volume of company requests may exceed the pool of projects at our worksites, matches will be arranged on a first-come, first-served basis. We will make every effort to accommodate your project request.

Project Type Preference (Please indicate top two choices):

_____ Whatever help is needed _____ Office work or computer training

_____ Hands-on (repair/fix-up) _____ Direct client interaction

Special Skills (indicate below any special skills in your group):

_____ Carpentry _____ Sewing _____ Accounting _____ Art

_____ Gardening/Landscaping Other: _____

PLEASE RETURN THIS FORM ASAP

FAX TO (614) 846-2182 OR e-mail mveach@uwaydelaware.org

QUESTIONS? Call Morgan Veach at (614) 436-8929