

United Way Day of Caring 2010

Wednesday, August 11th

COMPANY VOLUNTEER REGISTRATION FORM

Yes, our company wants to participate in Day of Caring 2010!

Please return completed registration form by fax at 419-524-3467, by regular mail or email at ken@unitedwayofrichlandcounty.org

Company Name _____

Day of Caring Project Leader _____

Title _____

Phone _____ **E-mail** _____

Address _____

City _____ **State** _____ **Zip** _____

Number of volunteers from your company participating in Day of Caring _____

We know it is difficult to predict the number of volunteers, but please try to give us your best estimate and update us if there are changes. Accurate information allows us to better match participating companies with Day of Caring service projects.

Please check special skills and resources available to your Day of Caring team:

_____ Carpentry _____ Tile _____ Roofing _____ Painting
_____ Electrical Work _____ Plumbing _____ Carpet Laying _____ Cement Laying

Other _____

Would your company be willing to donate supplies or equipment? Yes No

Additional Comments

Please copy this form for your records and return the original as soon as possible but no later than July 16, 2010:

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