

2020 Day of Caring
Volunteer Application

Event will be
Friday, June 26th

All applications due Friday, May 8th

United Way of DeKalb County
208 South Jackson, PO Box 307, Auburn, IN, 46706

United Way's vision is to enable people to work together creating a thriving and vibrant community for all.
United Way's mission is to fight for health, education, and financial stability for every person in our community.

Volunteer Type (Circle One): Team Individual

COMPANY INFORMATION

Company Name _____ Company Address _____

Crew Chief Name _____ Crew Chief Phone Number _____

Crew Chief Email _____

Please confirm below which Crew Chief meeting you plan to attend? ***Required (Circle One)**

Tuesday, June 2, 2020 @ 12:00PM

Thursday, June 4, 2020 @ 7:00AM

Total number of volunteers on your company team? _____

Total team members attending the 7:00 AM breakfast? _____

Please attach your team member names and T-shirt sizes

INDIVIDUAL VOLUNTEER INFORMATION

Individual Name _____ Individual Address _____

Individual Phone Number _____ Attending 7:00 AM Breakfast? (Circle One) Yes No

Experience Level

Cleaning Gutters Very Some None Construction Projects Very Some None

Tree Clean-up Very Some None Brush/Yard Work Very Some None

Landscaping Very Some None Painting (exterior) Very Some None

Painting (interior) Very Some None Ramp Construction Very Some None

Gardening Very Some None House Cleaning Very Some None

Additional Skills

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by 5:00 PM

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Review and Acknowledgement

By signing my name below I certify that the information provided in this application is true and complete to the best of my knowledge

Please attach your SIGNED "Volunteer Release of Liability" **ALL TEAM MEMBERS MUST SIGN A SEPARATE VOLUNTEER WAIVER FORM**

Applicant's Signature _____

Date ____/____/____



www.unitedwaydekalb.org

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Volunteer Liability Waiver

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MAKE ENOUGH COPIES OF THE WAIVER FORM FOR EACH VOLUNTEER OR GUARDIAN TO SIGN. RETURN ALL OF THE FORMS TO UNITED WAY by May 29th

I hereby acknowledge that participation in Day of Caring is a potentially hazardous activity, and that I should not participate in this event unless I am medically and physically able to do so. With full knowledge and understanding of the foregoing, and in consideration of your acceptance of this entry, I expressly assume any and all risks associated with my voluntary participation in this event. In addition, I, for myself and for anyone who might claim on my behalf, covenant to not sue and hereby WAIVE, RELEASE and DISCHARGE UNITED WAY OF DEKALB COUNTY, INC. (INDIANA), its agencies, event workers, officials, sponsors, volunteers and their representatives, successors, agents, employees and assigns from ANY CLAIMS, LIABILITIES, DEBTS, AND CAUSES OF ACTION, whether foreseen or unforeseen, for death, personal injury, property damage or any other injuries which may arise from my travel to, participation in, or return from this event.

I understand that United Way of DeKalb County, Inc. is not responsible for any of my own personal property that is lost, stolen or damaged during my participation in Day of Caring.

I hereby consent to and authorize the use or reproduction by the UNITED WAY OF DEKALB COUNTY, INC. of any and all photographs taken this day for the purpose of promotion, without compensation to me.

I hereby certify that I am 18 years of age or older.

If participant is under age 18, parent or guardian must sign.

T-Shirt Size _____

ALL PARTICIPANTS MUST SIGN A COPY OF THIS FORM BEFORE THEY ARE ALLOWED TO PARTICIPATE:

Printed Name _____ Date _____

Signature _____ T-Shirt Size _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email _____

Company/Organization You Represent _____

Team Leader (crew chief) _____

If participant is under age 18, parent or guardian must sign below:

Parent/Guardian Signature _____ Date _____



United Way of
DeKalb County

