



DAY OF CARING

VOLUNTEER APPLICATION

VOLUNTEER TYPE: (CIRCLE ONE)

Team Individual

INDIVIDUAL VOLUNTEER INFORMATION

Individual Name: _____

Individual Address: _____

Email Address: _____ Phone Number: _____

Attending Breakfast @ 7:00AM? (circle one) Yes No

COMPANY INFORMATION

Company Name: _____

Company Address: _____

Crew Chief: _____ Crew Chief Phone Number: _____

Crew Chief Email: _____

Total Number of Team Members: _____ Total Number of Breakfast Attendees: _____

Please attach team member names, shirt sizes, and waivers to this application.

Please confirm which **mandatory** Crew Chief Meeting you plan to attend. (Circle One)

Wednesday, May 27, 2026 @ 12:00 PM

Thursday, May 28, 2026 @ 7:00 AM

Both meetings will be held at First United Methodist Church of Auburn.

📍 1203 E 7th St, Auburn, IN 46706

EXPERIENCE LEVEL

(Please answer as accurate as possible. This allows staff to place your team on a project specific to the skills of all team members.)

Cleaning Gutters:	Very	Some	None	Construction Projects:	Very	Some	None
Tree Clean-up:	Very	Some	None	Ramp Construction:	Very	Some	None
Landscaping:	Very	Some	None	Painting (Exterior):	Very	Some	None
Gardening:	Very	Some	None	Painting (Interior):	Very	Some	None
Brush/Yard Work:	Very	Some	None	House Cleaning:	Very	Some	None

Any additional skills? _____

Willing to work inside a home or agency? (Circle One) Yes No

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

Applicant Signature: _____ Date: _____



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WAIVER OF RIGHTS

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 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 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.

ALL PARTICIPANTS MUST SIGN THE WAIVER BEFORE THEY ARE ALLOWED TO PARTICIPATE.

Printed Name: _____ Date: _____

Signature: _____ **T-SHIRT SIZE:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell phone: _____ Email: _____

Company/ Organization You Represent: _____

Team Leader (Crew Chief) : _____

IF A PARTICIPANT IS UNDER AGE 18, PARENT OR GUARDIAN MUST SIGN BELOW:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

ALL PARTICIPANTS / TEAM MEMBERS MUST SIGN A SEPARATE VOLUNTEER WAIVER FORM