



# 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**