

Company/Organization:

Day of Caring - May 6, 2022 8 a.m.-1p.m.

Volunteer Team Registration Form

Due by Monday, Apr. 15, 2022

Yes! We would like to participate!

Contact name:						
Mailing address: C	ity:	Zip:				
Phone: E-mail:						
Name of your organization's	volunteer t	eam leader:				
Please indicate the size of yo	ur voluntee	r team:				
Please list all volunteer names, e-mail addresses and T-shirt sizes below. An event photo release/waiver is also need for each volunteer. (Please use additional sheet if needed.)						
Volunteer name		e-mail address	T-shirt size	Waiver collected?		
What specific skills does your team have that could indicate what type of project you would be assigned to?						
\square Painting \square Sorting, stacking, organizing \square Administrative						
\square Cleaning \square Yard Work	□ Oth	ner:				
Please list equipment your company/organization may have available for use during the project (shovels, painting equipment, etc.): Please list any other skills or talents your team members have which you would like to add (plumber, carpenter, craft skills, etc.):						

Thanks to our presenting sponsor:

Regence

Volunteer name	e-mail address	T-shirt size	Waiver collected?