DAY OF CARING - SEPTEMBER 20, 2017

VOLUNTEER TEAM FORM

United Way of Mahaska County
unitedwaymahaska.org
641.673.6043

Team Leader:_____Work Phone:_____

Cell Phone (for use on 9/20/17only):_____Fax Number:_____

Work Address:_____

We prefer to work with:

- ☐ Anyone in need
- ☐ Agencies & charities
- ☐ Individuals/Elderly

We can do:

- ☐ Physical labor
- ☐ Non-physical labor
- ☐ No preference

We prefer to perform:

- ☐ Indoor work
- ☐ Outdoor work
- ☐ No preference

Email:_____

Address:_____

We prefer to work: ☐ All day ☐ Morning (8AM-12PM) ☐ Afternoon (1PM-5PM)

Do you have members of your group who are able to do: painting, scraping, landscaping, carpentry, sewing, work on ladders? **Please list names**. _____

_____

Does your group have any other specific skills (counseling, etc)?_____

_____

Please list any projects your group can't perform due to volunteer limitations (allergies, pregnancy, disability, etc.):

_____

_____

Please list any specific supplies/materials or funds your team would be willing to contribute towards completing a project (optional): _____

_____

T-Shirt Sizes: If volunteers would like a LIVE UNITED t-shirt to wear on Day of Caring, please list the size here. Attach a separate sheet if necessary. If there are more than 14 members on your team team, please form a second team (will require a second team leader).

Lunch RSVP: A volunteer appreciation lunch will be held at St. Mary's Parish Center (301 High Ave E) from 11:30 - 12:30. Please use the form below to indicate your attendance.

	Name	Shirt Size	Lunch Y/N
1			
2			
3			
4			
5			
6			
7			

	Name	Shirt Size	Lunch Y/N
1			
2			
3			
4			
5			
6			
7			

Please return this form with waiver signatures by Friday, September 1st , 2017.
Questions? Contact Timothy Gibson at 641.673.6043.

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WAIVER/RELEASE FORM

United Way of Mahaska County
unitedwaymahaska.org
641.673.6043

I, the undersigned, do hereby release from liability any persons volunteering/working on projects, owners of property, or any person associated with the United Way of Mahaska County "Day of Caring" program. In case of emergency, I permit United Way representatives and any person on site to contact emergency response should something happen to me while volunteering.

I do hereby give unlimited permission to the United Way of Mahaska County to use my picture/likeness, testimonial, audio or video talent on television, radio, or in any printed materials for promotional purposes without any remuneration or repercussion to the United Way of Mahaska County. For everyone volunteering, please collect a dated signature on this form.

Company/Organization:_____

1. Printed Name:_____ Signature:_____ Date:_____
2. Printed Name:_____ Signature:_____ Date:_____
3. Printed Name:_____ Signature:_____ Date:_____
4. Printed Name:_____ Signature:_____ Date:_____
5. Printed Name:_____ Signature:_____ Date:_____
6. Printed Name:_____ Signature:_____ Date:_____
7. Printed Name:_____ Signature:_____ Date:_____
8. Printed Name:_____ Signature:_____ Date:_____
9. Printed Name:_____ Signature:_____ Date:_____
10. Printed Name:_____ Signature:_____ Date:_____
11. Printed Name:_____ Signature:_____ Date:_____
12. Printed Name:_____ Signature:_____ Date:_____
13. Printed Name:_____ Signature:_____ Date:_____
14. Printed Name:_____ Signature:_____ Date:_____

Please attach a duplicate of this page for any additional volunteer team members. Signatures for all volunteers are required. Return this form by email (uwmc.coordinator@gmail.com), fax (641-672-1169), or in person to United Way (500 High Avenue West, Oskaloosa) no later than September 1st, 2017. Contact Timothy Gibson at 641.673.6043 with any questions or concerns.