



Volunteer Team Registration Form

Project Date: _____ **Time:** _____

Organization Name	
Contact Person(s)	
Alternate Contact (if applicable)	
Web Address	
Telephone	
E-mail	
Company Social Media tags/addresses (for PR)	Facebook: Twitter: Other:
Logo	

How many people from your team will be available to volunteer?: _____

What type of project do you prefer? _____

Other Preferred dates/times: _____

x	Project Type Preference	Notes
	Painting (indoor or outdoor)	
	Yard Work/Gardening	
	Minor Repairs or Construction	
	Organizing Donations	
	Cleaning	
	Administrative Project (filing, organizing etc.)	
	Other	



If you have a specific type of agency (those serving children, seniors, etc.) that your team prefers, please specify here:

Please list equipment your company/organization may have available for use during the project (i.e., backhoe, shovels, truck, paint, gardening equipment, other tools):

Please list any other skills or talents your team members have (i.e., plumber, carpenter, craft skills, etc.):

If any team members have special needs, indicate below:

We can provide Day of Caring t-shirts for your volunteer team. Please indicate whether you require t-shirts, and the requested sizes below (*note: minimum 2 week leadtime required or based on availability).

T-shirts: YES / NO

Total number of t-shirts requested:

Sizes (adult unisex sizes, fit slightly smaller than standard t-shirt)

Small:

Medium:

Large:

X-Large:

2X-Large:

PUSHOR MITCHELL LLP
LAWYERS



United Way

**Day
of
Caring**®

Together, we are possibility.