



# DAY OF CARING

## VOLUNTEER APPLICATION

Applications due  
May 2, 2025

**Volunteer Type (Circle One):** Team Individual

**ALL TEAM MEMBERS MUST SIGN A SEPARATE VOLUNTEER WAIVER FORM**

### **COMPANY INFORMATION**

Company Name\_\_\_\_\_ Company Address\_\_\_\_\_

Crew Chief Name\_\_\_\_\_ Crew Chief Phone Number\_\_\_\_\_

Crew Chief Email\_\_\_\_\_

Please confirm below which Crew Chief meeting you plan to attend. **\*Required (Circle One)**

Wednesday, May 28, 2025 @ 12:00 PM Thursday, May 29, 2025 @ 7:00 AM

Number of volunteers on team? \_\_\_\_\_ Number of volunteers attending breakfast? \_\_\_\_\_

**Please attach your team member names and T-shirt sizes**

### **INDIVIDUAL VOLUNTEER INFORMATION**

Individual Name\_\_\_\_\_ Individual Address\_\_\_\_\_

Individual Phone Number\_\_\_\_\_ Attending 7:00 AM Breakfast? (Circle One) Yes No

### **Experience Level**

<u>Cleaning Gutters</u>	Very Some None	<u>Construction Projects</u>	Very Some None
<u>Tree Clean-up</u>	Very Some None	<u>Brush/Yard Work</u>	Very Some None
<u>Landscaping</u>	Very Some None	<u>Painting (exterior)</u>	Very Some None
<u>Painting (interior)</u>	Very Some None	<u>Ramp Construction</u>	Very Some None
<u>Gardening</u>	Very Some None	<u>House Cleaning</u>	Very Some None

**Willing to work inside a home or agency: Yes No**

**Additional Skills:** \_\_\_\_\_

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's Signature\_\_\_\_\_ Date\_\_\_\_/\_\_\_\_/\_\_\_\_



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**Please note all crew chiefs will receive a Team T-shirt signup sheet and waiver signature page.**

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, Inc. 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, INC. 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 \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Company/Organization You Represent \_\_\_\_\_

Team Leader (crew chief) \_\_\_\_\_

*If participant is under age 18, parent or guardian must sign below:*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_