

**2024 Day of Caring**  
**Volunteer Application**

*Event will be*  
*Friday, June 28th*

**UNITED** by Mission  
Driven by **IMPACT**

All applications due Friday, May 3rd by 5:00 PM

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

**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)**

Tuesday, May 28, 2024 @ 12:00 PM

Thursday, May 30, 2024 @ 7:00 AM

Total number of volunteers on your company team? \_\_\_\_\_

Total team members attending the 7:00 AM 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**

Cleaning Gutters Very Some None Construction Projects Very Some None

Tree Clean-up Very Some None Brush/Yard Work Very Some None

Landscaping Very Some None Painting (exterior) Very Some None

Painting (interior) Very Some None Ramp Construction Very Some None

Gardening Very Some None House Cleaning Very Some None

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

**Additional Skills**



United Way of DeKalb County  
PO Box 307  
Auburn IN 46706  
260-927-0995



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Review and Acknowledgement

By signing my name below I certify that the information provided in this application is true and complete to the best of my knowledge

Please attach your SIGNED "Volunteer Release of Liability" **ALL TEAM MEMBERS MUST SIGN A SEPARATE VOLUNTEER WAIVER FORM**

Applicant's Signature\_\_\_\_\_

Date\_\_\_\_/\_\_\_\_/\_\_\_\_

# Volunteer Liability Waiver

UNITED by Mission  
Driven by IMPACT

**MAKE ENOUGH COPIES OF THE WAIVER FORM FOR EACH VOLUNTEER OR GUARDIAN TO SIGN. RETURN ALL OF THE FORMS TO UNITED WAY by May 3rd**

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 A COPY OF THIS FORM 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 \_\_\_\_\_



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