



Friday, April 21, 2023 ~ 8:30 am to 3:30 pm

COMPANY VOLUNTEER FORM

Organization: _____

Contact: _____

Email: _____ Phone: _____

____ Yes! We are interested in the GCUW's Day of Service on April 21

Number of employee volunteers: _____

*Onsite contact name: _____

*Onsite contact cell: _____

*Onsite contact email: _____

Please provide Volunteer Names:

*Is your group willing to work on different projects? Yes No

*Will your employees be wearing Day of Service t-shirts? Yes No

GCUW Day of Service t-shirts will be given to all volunteers

T-Shirt Size: Small _____ Medium _____ Large _____ XL _____

2XL _____ 3XL _____ 4XL _____ 5XL _____

T-shirts are adult unisex. Please include a number of shirts for each size.

____ Yes! We are interested in becoming a Day of Service Sponsor.

____ Yes! We are interested in providing an In-Kind Donation.

All employees must complete the GCUW liability waiver (separate form) to be eligible for volunteering.

Signature _____ Date _____