



Saturday, September 25, 2021 ~ 8:30am to Noon

VOLUNTEER FORM

Organization: _____

Contact: _____

Email: _____ **Phone:** _____

_____ **Yes! We are interested in the GCUW's Day of Service on Sept. 25**

○ **Number of employee volunteers:** _____

▪ **Name of onsite volunteer contact:** _____

▪ **Please provide participant names:**

○ **Is your group willing to work on different projects?** _____

○ **Does anyone in your group have physical limitations?** _____

▪ **If so, please the volunteer name(s) and limitation(s):**

○ **Will your employees be wearing Day of Service t-shirts?** _____

T-shirts from United Way 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** _____