2018 Volunteer Registration Form

A letter of confirmation will be sent to you with team assignment(s)

COMPANY/ORGANIZATION NAME _____

Address _____

City/State/Zip _____

COMPANYCOORDINATOR _____

Title _____

Address (if different from above) _____

Day Phone( )_____ Evening Phone( )_____ Email _____

Number of volunteers: _____

Number of t-shirts: _____M _____L _____XL _____XXL _____XXXL

Project Preferences

- ☐ Our employees prefer to work together in the same location
- ☐ We're willing to work in smaller groups at different locations if needed
- ☐ We would like to work with the following specific agency if possible:

Note: *Because the volume of company requests may exceed our pool of viable projects at specific agencies, matches will be arranged on a first-come, first-served basis. We will make every effort to accommodate your project request.*

Project Type Preference (please indicate top two choices):

_____Whatever is needed
_____Hands-on (repair/fix-up)*
_____Office work or computer training
_____Direct client interaction

**If you marked "hands-on" as your project type preference, please answer the following:*

Can your company/organization help provide supplies for your CCD project? _____Yes _____ No

If "Yes", please indicate types of resources easily accessible to your company/organization:

_____

_____

Special Skills (please indicate below any special skills in your group):

_____Carpentry _____Sewing _____Data Entry _____Accounting
_____Art _____Computer Training _____Other (please list)_____

RETURN THIS FORM TO UNITED WAY BY AUGUST 24, 2018
115 S. BROAD STREET, LANCASTER, OH 43130
ATTENTION: SHELLY WHITE