

VOLUNTEER REGISTRATION FORM

Return by Friday, September 3, 2021



United Way of
Licking County

How to use this form:

For multiple teams, please complete a separate form for each team.

Please download form, fill out, save and attach to email.

Send completed form to jholderman@unitedwaylc.org.

**27th Annual
Week of Caring**
September 10 - 18, 2021

Volunteer Coordinator or Individual Volunteer:

First Name _____ Last Name _____

Company/Group Name (if applicable) _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail _____

Special Skills/Limitations _____

Preferred type of project (if available) _____

Day available: Monday Tuesday Wednesday Thursday Friday

Time available: Morning Afternoon

Total # of team members to participate in event? _____ # team members under age 18? _____

Yes, I/we will be attending the kickoff celebration. # _____

Kick off celebration is Friday, September 10, at Noon at the Canal Market, Newark

UNITED WAY USE

1. Project Location _____ # Co Vol _____ Project # _____

Special Notes _____

2. Project Location _____ # Co Vol _____ Project # _____

Special Notes _____

3. Project Location _____ # Co Vol _____ Project # _____

Special Notes _____