

LIVE UNITED [®]

Day of Caring September 12, 2017 Company Team Registration

UNITED WAY OF MERIDEN & WALLINGFORD

Company: _____

Company Coordinator: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

Total number of team members: _____ Team make up: _____ men _____ women

Would you be willing to divide your volunteer team to work at more than one agency? Yes No

Please select which of the following Day of Caring project times you prefer:

- Half Day Morning Project (8:30 a.m. - 12:00 p.m.)
- Half Day Afternoon Project (1:00 p.m. - 4:30 p.m.)
- Full Day Project (8:30 a.m. - 4:30 p.m.)

Does your team have a specialty skill? (please check all that apply)

- Landscaping Painting Electrical Cleaning Plumbing
- Set up/Clean up Carpentry Delivery Light Construction
- Other _____

Would your team be willing to work with other teams to complete a project? Yes No

Would your team consider bringing your own personal tools to complete a project? Yes No

Name (print): _____

Signature: _____ Date: _____

Please complete and return this form before Friday, August 4, 2017
If you have any questions, please contact The Volunteer Center at 203-235-4403 ext. 12

Return completed forms to:

**United Way of Meriden & Wallingford
35 Pleasant Street, Suite 1E
Meriden, CT 06450
Fax: (203) 235-4404
Email: thevolunteercenter@unitedwaymw.org**