



# DAY OF CARING 2009

## Volunteer Registration Form

Form 4B

NAME: \_\_\_\_\_

(As you want it to appear on certificate)

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

YOUR T-SHIRT SIZE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

### LIST THREE PROJECTS IN ORDER OF PRIORITY:

<u>Agency</u>	<u>Project</u>
1. _____	_____
2. _____	_____
3. _____	_____

### IF YOU ARE VOLUNTEERING AS A FAMILY, LIST FULL NAMES OF ALL PARTICIPATING:

(include t-shirt size for each one) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CIRCLE ONE:

Full Day OR Half Day

*If you circled Half Day:*

Morning OR Afternoon OR Either

\*\*\*\* Projects will be matched on a first-come, first-served basis. Confirmation will be sent to you indicating which project has been matched.

Mail this form to United Way of Broome County, PO Box 550, Binghamton, NY 13902-0550.

### FOR OFFICE USE:

Release Form

T-shirt

Project Assigned

Confirmation Sent