



Volunteer TEAM Form
(Please return by June 9, 2017)

Team Lead Name: _____

Phone: _____ Fax: _____ email: _____

Organization Name (if applicable): _____

Preferred start time: 9:00 am 11:00 am 1:00 pm
 Preferred project type: Garden/Plant Paint Clean Serve/Deliver Meals Bake

We plan to attend the Kick-Off Rally that begins at 8:15 am on June 22, 2017 Yes No

Total number of volunteers on your team for Day of Caring 2017: _____

Name: _____ T-shirt size _____ Name _____ T-shirt size _____

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How did you hear about this event? (Check all that apply.)
 E-mail Radio Community Flyer Work School Internet Friend

Please complete this form by **June 9, 2017**
 Send to KUW Day of Caring Committee, PO Box 311, DeKalb, IL 60115
 or email to dawn@kishwaukeeunitedway.com