



Volunteer TEAM Form
(Please return by June 1, 2018)

Team Leader Name: _____

Phone: _____ E-mail: _____

Organization Name (if applicable): _____

Preferred start time: 9:00 am 11:00 am (*Meals-on-Wheels ~ need vehicle*) 1:00 pm

Preferred project: Garden/Plant Paint Clean Serve/Deliver Meals Bake Any

We plan to attend Kick-Off Rally at 8:15 am at Hopkins Park on June 14, 2018 Yes No

Total number of volunteers on your team for Day of Caring 2018: _____

Name: _____ Name _____

Name: _____ Name _____

Name: _____ Name _____

Name: _____ Name _____

Name: _____ Name _____

Name: _____ Name _____

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

Please return this form by June 1, 2018

Email to Dawn at dawn@kishwaukeeunitedway.com
 or drop off at Kishwaukee United Way, 115 North First St, DeKalb