

VOLUNTEER APPLICATION



Angola & All Surrounding Areas :
Entire Month of May, 2022

INDIVIDUAL NAME: _____

ADDRESS: _____

TOWN: _____

PHONE: _____ E-MAIL _____

DATE AVAILABLE: _____ AM ONLY _____ PM ONLY _____

NAME OF ORGANIZATION IF APPLICABLE: _____

CREW CHIEF: _____ CREW CHIEF CELL _____

Volunteers on Team _____

DOES YOUR ORGANIZATION HAVE A PROJECT IN MIND? _____ IF SO, PLEASE LIST PROJECT INFO BELOW

PROJECT NAME: _____

ADDRESS: _____

TOWN: _____

INDICATE TYPE of PROJECTS QUALIFIED TO DO: House Cleaning _____ Window Washing _____

Yard work _____ Gardening _____ Painting—Inside _____ Painting—Outside _____

Home Improvements _____ Other Projects—specify _____

What tools do you have available such as rakes, hoes, trimmers, leaf blowers, wheelbarrows, etc?

Please list _____

Note: All volunteers will be required to sign a liability waiver on the day of the event. Volunteers under 18 must have waiver signed by parent or guardian. Waivers are available on website at unitedwaysteuben.org.



Mail or Email to:
Steuben County United Way
317 S. Wayne St. Suite 3D, Angola, IN 46703
260-665-6196 - jessica@unitedwaysteuben.org

Office Use	
TEAM NAME	_____
Work DATE	_____

LIABILITY WAIVER & PHOTO RELEASE

May 2022



I hereby acknowledge that participation in Days of Caring is a potentially hazardous activity, and that I should not participate in this event unless I am medically and physically able to do so. With full knowledge and understanding of the foregoing, and in consideration of your acceptance of this entry, I expressly assume any and all risks associated with my voluntary participation in this event. In addition, I, for myself and for anyone who might claim on my behalf, covenant to not sue and hereby WAIVE, RELEASE and DISCHARGE STEUBEN COUNTY UNITED WAY, INC. (INDIANA), its agencies, event workers, officials, sponsors, volunteers and their representatives, successors, agents, employees and assigns from ANY CLAIMS, LIABILITIES, DEBTS, AND CAUSES OF ACTION, whether foreseen or unforeseen, for death, personal injury, property damage or any other injuries which may arise from my travel to, participation in, or return from this event.

I hereby consent to and authorize the use or reproduction by the STEUBEN COUNTY UNITED WAY, INC. of any and all photographs taken this day for the purpose of promotion, without compensation to me.

I hereby certify that I am 18 years of age or older. If participant is under age 18, parent or guardian must sign.

ALL PARTICIPANTS MUST SIGN A COPY OF THIS FORM BEFORE ALLOWED TO PARTICIPATE:

Signature _____ Date _____

Print Name _____ Age _____

Address _____ City _____ State _____ Zip _____

Organization You Represent _____

Team Leader _____

If participant is under age 18, parent or guardian must sign below:

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

GIVE. ADVOCATE. VOLUNTEER.



Steuben County United Way
317 South Wayne Street, Ste 3D
Angola, IN 46703