

Yes, we want to participate in “Day of Caring” 2020!

FORM DUE BACK BY SEPTEMBER 3, 2020 TO:

morgan@bcunitedway.org

Fax: 269-945-4536

Mail: Barry County United Way, Attn: Day of Caring
231 S. Broadway, Hastings, MI 49058

Business Name: _____

Address: _____

Phone: _____

Contact Person: _____

E-mail Address: _____

Number of Volunteers: _____

Volunteering Options

Please indicate your preference below.

_____ Day of Caring In-Person Volunteer Project – See listing at www.bcunitedway.org

_____ Caring in Action “Non-traditional” Volunteering Opportunity

Day of Caring In-Person Project

Please write your first and second choice. Every Attempt will be made to accommodate your preferences; however, we are not able to guarantee your first choice as projects will be assigned in the order they are returned.

1. _____ Date/Time: _____

2. _____ Date/Time: _____

Caring in Action “Non-Traditional” Volunteering

_____ Host a collection Items to be collected: _____

_____ Collect & Assemble Kit to be assembled: _____

_____ Provided Project Project to be completed: _____

Signature: _____ Date: _____

Please understand that by signing above, you agree to hold the Barry County United Way & Volunteer Center and all participating agencies harmless from any and all liability associated with or arising from your involvement in volunteer activities on *Day of Caring*.

