



UNITED WAY OF ABILENE  
2010 Day of Caring (DoC)  
September 8, 2010

## COMPANY COORDINATOR SIGN-UP FORM

NOTE: A release and sign-up form must be completed by each volunteer and returned to the United Way of Abilene office by the Company Coordinator. This form is intended to demonstrate a business' commitment to participate in the Day of Caring and appoint a Company Coordinator/Team Leader for communications and planning purposes. Please print clearly or type.

Company Coordinator Name: \_\_\_\_\_

Organization/Team Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Volunteers: \_\_\_\_\_

Special Volunteer Talents and/or Limitations:

Company CEO Signature/Endorsement: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form no later than 5 p.m. on August 18th to:**

United Way of Abilene: 240 Cypress Street, PO Box 82, Abilene, TX 79604  
Phone: 325-677-1841 Fax: 325-677-1847 E-mail: office@unitedwayabilene.org

FOR OFFICE USE ONLY: ROSTER POSTED: \_\_\_\_\_

GIVE. ADVOCATE. VOLUNTEER.