



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

VOLUNTEER SIGN-UP FORM

Please copy as needed

NOTE: A release must be completed by each volunteer and returned to the United Way of Abilene office by the Team Leader. Please print clearly.

Volunteer Name: _____

Organization/Team Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Email: _____ Daytime Phone: _____

Emergency Contact: _____ Phone: _____

T-Shirt Size [Please Circle]: XS S M L XL XXL XXXL

Special Skills and/or Limitations:

Volunteer Signature: _____ 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.