



2020 Day of Caring Individual Volunteer Application **DEADLINE: 09/02/2020**

Volunteer Name: _____

Address: _____

Best Contact Number: _____ Is this a cell: Y ___ N ___

Email Address: _____

Workplace (if applicable): _____

List any preference to type of projects, skills you have, or other special comments:

_____ Painting – Construction Related	_____ Painting – Artistic / Design
_____ Carpentry	_____ Electrical
_____ Plumbing	_____ Landscaping
_____ Flooring	_____ Outdoor
_____ Cleaning, Window Washing, etc.	_____ Indoor

Other: _____

Please identify any equipment or materials you may be able to provide:

_____ Hammer	_____ Saw
_____ Level	_____ Rake
_____ Shovel	_____ Gloves
_____ Paint Rollers	_____ Paint Brushes
_____ Spray Gun	_____ Other, please specify below

Other: _____

Please add any additional information that you feel may be helpful to the Project Assignment Committee or General Comments: _____

T-Shirt Size: (S-3X) _____

VOLUNTEER REQUIREMENTS:

1. Sign a waiver of liability on or before the Day of Caring (09/18/2020).
2. *Due to COVID and to ensure the health and well-being of all, volunteers will be required to complete a health assessment on the Day of Caring to be eligible to participate. Masks and other PPE will be required.