



21st Annual Day of Caring Thursday, May 18, 2017

Group Volunteer Registration Form

Name of Team Leader: _____

Company/Organization: _____

Mailing Address: _____

Contact Phone: _____

Contact Fax: _____

Contact Email: _____

Team Information

Please list volunteers. Choose a Project Leader and indicate with an asterisk (*). Attach a separate sheet if needed.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Team Preferences

Please note that we cannot guarantee fulfillment of preferences below, but will make every effort to do so. Volunteer assignments will be made based on date of response, team size and skill level.

Please select your team's preferred time to volunteer:

- ½ day AM (8 am-noon) ½ day PM (1 pm-5 pm) Full day (8 am-5 pm w/one hour lunch)

Please select your team's preferred service area(s):

- | | |
|--|---|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Human service (volunteering with an after-school program, etc) |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Personal grooming (manicures for seniors, etc) |
| <input type="checkbox"/> Building maintenance/cleaning | <input type="checkbox"/> Anywhere needed |
| <input type="checkbox"/> Landscaping | |

Is your team willing to work in smaller groups at different locations if needed? Yes No

Can your team provide supplies if needed (e.g. buckets, mops, paintbrushes, etc)? Yes No

Limitations OR Areas of Expertise - Please indicate any volunteer limitations (allergies, disabilities, etc.) and/or areas of expertise (painting, carpentry, etc.):

Please return completed *Group Volunteer Registration Form* and *Volunteer Confidentiality Agreement and Release forms (one per volunteer listed above)* NO LATER THAN FRIDAY, April 21, 2017



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United Way of Franklin County

76 C Michael Davenport Blvd; Ste. 2B; Frankfort, Kentucky 40601

(502) 875-1675

VOLUNTEER CONFIDENTIALITY AGREEMENT & RELEASE FORM

This form is for: _____
Volunteer

CONFIDENTIALITY AGREEMENT

I understand that, in performance of my duties as a volunteer, I may have access to confidential information, which may not be shared with anyone without express written consent of the participants and/or their parent/guardian in the case of a minor. I understand that any violation of this information may result in my dismissal or possible legal action taken against me.

Date _____ Signature _____
Volunteer

RELEASE FROM LIABILITY and INDEMNIFICATION

I hereby agree that I, my assignees, heirs, distributes, guardian and legal representatives will not make a claim against or sue the United Way of Franklin County (hereinafter "UWFC") on account of injury, illness or damages resulting from negligence or other acts, howsoever caused, by any employee, volunteer or agent of the UWFC as a result of my participation in volunteer service. I hereby release the UWFC from all actions, claims or demands that I, my assignees, heirs, distributes, guardian and legal representatives may have or hereinafter have for injury, illness or damages from my participation in volunteer service.

I also hereby agree to indemnify and to save the UWFC harmless from all liability for loss, damage or injury to the person or property of another resulting from my negligence or misconduct in the course of my participation in the volunteer service.

Date _____ Signature _____
Volunteer

PHOTO RELEASE

I DO DO NOT consent to and authorize the use and reproduction of any photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the United Way of Franklin County or its participating organizations.

Date _____ Signature _____
Volunteer, parent or guardian