



United Way of Hardin County's

**DAYS OF CARING VOLUNTEER FORM
JUNE 10TH & 11TH**

NAME: _____ PHONE: _____
ADDRESS: _____ CITY/ST. _____ ZIP _____
PERSONAL EMAIL:michele_daniels1 _____
INDIVIDUAL VOLUNTEER _____
IF GROUP VOLUNTEER NAME OF GROUP _____

PLEASE MARK AND X BELOW THAT YOU CAN PARTICIPATE IN:

LAWN CARE/WEEEDING _____ CLEANING ___x PAINTING _____
BUILDING/REPAIR _____ INVENTORY WORK ___ PICKING UP LITER ___
DATA ENTRY _____ ORGANIZING _____ FURNITURE MOVING ___
MISCELLANOUS _____

WHAT TOOLS CAN/WILL YOU BRING? _____

VOLUNTEER T-SHIRT SIZE: (ADULT SIZES ONLY)

S M L XL XXL

UNITED WAY OF HARDIN COUNTY'S

DAYS OF CARING VOLUNTEER WAIVER

NAME _____

PHONE _____

EMERGENCY CONTACT _____

PHONE _____

LIABILITY RELEASE: I hereby release, indemnify and hold harmless The United Way of Hardin County, the organizers, sponsors, or venue of service projects, from any and all liability in connection with any injury (including any injury due to negligence), in conjunction with the Days of Caring, Friday June 10th & Saturday June 11th 2022

Signature _____

Date _____

Communications Release: I hereby give to United Way of Hardin County, to its nominees, agents and assigns, my free and unlimited consent and permission, waiving all claims for any compensation by reason thereof or for damages by reason thereof, to use, publish, republish, or exhibit in the furtherance of its work, with or without identification of me by name, the photographs, videos, or statements taken during Days of Caring, and to disseminate statements referring to me in conjunction therewith if United Way of Hardin County so desires to and to authorize any newspaper, company or other organization to use, publish, republish, or exhibit said photograph with or without identification of me by name and to publish on social media.

Signature _____

Date _____

United Way of
Hardin County

