

3601 – 30<sup>th</sup> Avenue, Suite 202  
Kenosha, WI 53144  
Phone: 262-658-4104  
Fax: 262-658-2005



## 2009 Day of Action Volunteer Registration Form

Name \_\_\_\_\_

Company/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Title/Position \_\_\_\_\_

(W) Phone \_\_\_\_\_ (H) Phone \_\_\_\_\_ Fax \_\_\_\_\_

(W) E-mail \_\_\_\_\_ (H) E-mail \_\_\_\_\_

### Days of Caring Volunteer Project

I will participate on a volunteer project team  Yes  No

Total # of volunteers on your team \_\_\_\_\_

- Teams will consist of 10 members (optional)
- Please complete one form for each participant.

I will be volunteering alone. Please add me to a team.  Yes  No

I would be interested in volunteering for and on:

\_\_\_\_\_  
**(choose from project list; please specify agency, project and date)**

**Special skills: If you have skills in these areas, please check below.**

Carpentry  Computer Skills  Registration  Cleaning  Landscaping  
 Painting  Organizing  Minor Construction  Other \_\_\_\_\_

**T-Shirt Size:**  Small  Medium  Large  X Large  1XL Large

2XL Large  3XL Large (Size not guaranteed)

**Please list any physical limitations or special needs that we should know about:**

Please complete and fax form to 262-658-2005 or save as pdf. file and email to:  
[kmarks@kenoshaunitedway.org](mailto:kmarks@kenoshaunitedway.org). Questions? Call 262-658-4104.

**Thank you for making sure our community has what it needs to succeed!**