

VOLUNTEER APPLICATION

Angola & All Surrounding Areas :
May 1, 2020



INDIVIDUAL NAME: _____

ADDRESS: _____

TOWN: _____

PHONE: _____ E-MAIL _____

DATE AVAILABLE: _____ AM ONLY _____ PM ONLY _____

NAME OF ORGANIZATION IF APPLICABLE: _____

CREW CHIEF: _____ CREW CHIEF CELL _____

Volunteers on Team _____

DOES YOUR ORGANIZATION HAVE A PROJECT IN MIND? _____ IF SO, PLEASE LIST PROJECT INFO BELOW

PROJECT NAME: _____

ADDRESS: _____

TOWN: _____

INDICATE TYPE of PROJECTS QUALIFIED TO DO: House Cleaning _____ Window Washing _____

Yard work _____ Gardening _____ Painting—Inside _____ Painting—Outside _____

Home Improvements _____ Other Projects— specify _____

What tools do you have available such as rakes, hoes, trimmers, leaf blowers, wheelbarrows, etc?

Please list _____

Note: All volunteers will be required to sign a liability waiver on the day of the event. Volunteers under 18 must have waiver signed by parent or guardian. Waivers are available on website at unitedwaysteuben.org.



Mail or Email to:

Steuben County United Way

317 S. Wayne St. Suite 3D, Angola, IN 46703

260-665-6196 - jessica@unitedwaysteuben.org

Office Use
TEAM NAME _____
Work DATE _____