VOLUNTEER APPLICATION

Angola & All Surrounding Areas :

Entire Month of May, 2023



INDIVIDUAL NAME:	-		
ADDRESS:			
TOWN:			
PHONE:			
DATE AVAILABLE:	AM ONLY	PM ONLY	
NAME OF ORGANIZATION IF APPLICA	BLE:		
CREW CHIEF:CREW CHIEF CELL			
# Volunteers on Team			
DOES YOUR ORGANIZATION HAVE A	PROJECT IN MIND? IF SO, PL	EASE LIST PROJECT INFO BELOW	
PROJECT NAME:			
INDICATE TYPE of PROJECTS QUALIFIE			
Yard work Gardening Painting—Inside Painting—Outside			
Home Improvements Other P	rojects– specify		
What tools do you have available suc	h as rakes, hoes, trimmers, leaf blov	wers, 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		