

UNITED WAY OF MUSCATINE
DAY OF CARING – WEDNESDAY, SEPTEMBER 15, 2010

VOLUNTEER TEAM REGISTRATION FORM

SUBMIT THIS FORM NOT LATER THAN AUGUST 13TH

Please complete the attached registration form for each team you are registering. Please use one form per team, no more than 10 members per team (past 10 members, please form a 2nd team).

- If two teams from the same company work the same shift, please provide an individual team leader.
- If two teams from the same company work opposite shifts, one team leader may be used for both teams.

All entries must be submitted to:

United Way of Muscatine
208 West 2nd Street, Ste 201
Muscatine, IA 52761

or

Fax 263-8572

A NOTE ON TEAM LEADERSHIP

- Recruit individuals to form a Day of Caring Team
- Register and fill out appropriate information for team(s) & submit not later than Friday, August 13th
- Training Sessions for Team Leader:
 - Tuesday, August 17th: 8:30-9:30am
 - Thursday, August 19th: 3:30-4:30pm
- Attend a Team Leader training to:
 - Receive information on what each team member will need for the Day of Caring
 - Coordinate and return all team information to the United Way
 - Pick up T-shirts, drop-off company banners or door prizes
 - Receive information about working w/ the agency project coordinators and UWM to ensure the successful completion of the project and create a positive team experience.
- Assist Agency Project Site Coordinator with any pre-planning (Supplies and materials are the responsibility of the agency unless previous arrangements have been made between the two parties)

You will be notified by email when your team is assigned and you should be contacted by the on site coordinator within a reasonable amount of time. He/She will invite you to inspect the work site to discuss the issues. If you are not contacted within a reasonable amount of time, please either contact the site coordinator or us directly.

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KICK OFF BREAKFAST

You and your team are invited to a Kick off Registration & Breakfast – please RSVP on page 5 and total your numbers at the bottom of the page (Afternoon teams are welcomed as well):

Site: Pearl City Station (site location donated by the City of Muscatine)
100 Harbor Dr.
Muscatine, IA

Time: 7:30 – 8:30

DAY OF CARING LUNCH

You and your team will be provided a lunch, if you desire. Please RSVP on page 5 and total your numbers at the bottom of the page.

Site: Calvary Church (site location donated by Calvary Church)
501 W. Bypass 61
Muscatine, IA

Time: 11:30 – 1:30 (drop-in)

If you have questions about the event please contact:

United Way of Muscatine
brianne@unitedwaymuscatine.org
or phone at 563-263-5963

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Team Leader Contact Information

1. Agency / Organization

2. Team Leader

3. Team Leader Address (Street, City, Zip)

4. Team Leader Day Phone

5. Cell Phone

6. Team Leader E-Mail

7. Fax Number

8. Members of my team are associated with a local union

Yes

No

9. Please select the shift you and your team wish to work:

Morning, 8:30 - 11:30 AM

Afternoon, 1:30 - 4:30 PM

10. Please choose a date and time for the required Team Leader Training, training will last not more than one hour.

Tuesday, August 17th: 8:30 – 9:30AM

Thursday, August 19th: 3:30 – 4:30PM

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11. Please select your group preference:

- Inside work
- Outside work
- Non-physical labor
- Physical Labor
- No Preference

12. Indicate projects your group could not perform due to volunteer limitations such as allergies, disabilities, etc

13. Indicate any special skills you or your team members might have

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14. Team Member Names, Email , Shirt Size, and RSVP for Breakfast and Lunch:

<u>Team Member</u> <i>(please print NAME &EMAIL)</i>	<u>S</u>	<u>M</u>	<u>L</u>	<u>XL</u>	<u>XXL</u>	<u>Breakfast</u> <u>RSVP</u>	<u>Lunch</u> <u>RSVP</u>
Name: Email:						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: Email:						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: Email:						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: Email:						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name: Email:						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total for Breakfast:

Total for Lunch:

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VOLUNTEER RELEASE FORM

Please read this form carefully. Note that by signing this waiver and release and participating in the United Way of Muscatine ("United Way") EVENT DESCRIBED BELOW (the "event"), you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you might sustain as a result of any and all activities connected with and associated with HOSTING/participating in the event.

Team Lead

Agency Address

Work Phone/Cell Phone

United Way Day of Caring 9/15/10 _____
Event Event Date

Event Site Address

I, _____, do hereby agree to participate/engage in the Event and understand that participation in the Event may involve inherent costs, risks, dangers, and hazards, which may occur without warning, and neither the United Way nor any of the other sponsors can guarantee my personal safety or the safety of any of my property. BY EXECUTION OF THIS RELEASE, I REPRESENT AND WARRANT THAT I HAVE READ AND UNDERSTAND THIS FORM, AND FREELY ACCEPT AND ASSUME THE RISK THAT MAY BE SUFFERED, INCLUDING, BUT NOT LIMITED TO PROPERTY DAMAGE, PERSONAL INJURY OR EVEN DEATH, AND AGREE TO INCUR ALL COSTS OR EXPENSES ASSOCIATED WITH PARTICIPATING IN THE EVENT, not only in the ways described herein, but also in unknown/unexpected ways. Neither the United Way, nor any sponsors of the Event, have any control over the Event or any Participant's satisfaction with the Events.

TO THE FULLEST EXTENT PERMITTED BY LAW, I HEREBY agree to release, indemnify, hold harmless and defend (including costs and attorneys' fees) the United Way, and/or its employees, agents, directors, officers, volunteers, sponsors, supervisors and/or organizers (collectively known as "members") from any liability or claim of liability arising from or in connection with any loss, damage, illness, injury or other claim to persons or property arising out of and/or resulting from my participation in the Event, whether caused by my negligence or misconduct or otherwise. I agree that this release shall bind my heirs forever, and further understand and acknowledge that neither the United Way, nor any other sponsor of the Event, is an insurer of my personal safety or property. This agreement to release, indemnify, hold harmless and defend extends to all loss and/or liability on the site whether or not said loss and/or liability occurs while performing any tasks specifically included in the requested projects. I agree the United Way has my permission to photograph/video myself and/or the activities at the Event and utilize said photographs/videos for any lawful purpose. The Undersigned has read and voluntarily signed this release and

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waiver of liability, covenant not to sue, and further agrees that no oral representations, statement or inducements apart from the foregoing written agreement have been made.

_____ Printed Name	_____ Signature & Date
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