



2011 Day of Caring
September 8, 2011

VOLUNTEER Participation Form

(Please return by August 19, 2011)

Name: _____

Company (if applicable): _____

Street Address: _____

Phone: _____ Fax: _____ e-mail: _____

___ YES - I/my company or organization will be participating in the 2011 Day of Caring.

Total number of volunteers from your organization for Day of Caring 2011: _____

Name: _____ T-shirt size _____ Name _____ T-shirt size _____

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Name: _____ T-shirt size _____ Name _____ T-shirt size _____

Name: _____ T-shirt size _____ Name _____ T-shirt size _____

Name: _____ T-shirt size _____ Name _____ T-shirt size _____

___ NO - I/my company will not be participating in the 2011 Day of Caring.

Please complete this form and then send it to:
KUW Day of Caring Committee, PO Box 311, DeKalb, IL 60115 or
FAX at 815.748.5142 by August 19, 2011.