



Thursday,
September 21, 2006



United Way of
North Central Massachusetts

285 John Fitch Highway, Ste 1
Fitchburg MA 01420
Tel: 978-345-1577
Fax: 978-345-7683
Email: lisa@uwncm.org

11th Annual Day of Caring Volunteer Registration

This form is also available to print from our Website at www.uwncm.org

IMPORTANT: PLEASE PRINT

Volunteer Name:

Company:

Complete Address:

Tel:

Fax:

Company Coordinator Name
& Telephone (if different):

EMAIL:

Very Important

Preferred Level of Physical Activity:

High Level of Physical Activity
(Painting or fix-up)

Low-Level of Physical
Activity

No Preference

Every effort will be made to meet your assignment request, however your choices listed above are not guaranteed. **The Day of Caring demonstrates what people working together can accomplish for the Community's benefit.**

Special Skills: (Please be specific)

If you have a strong like or dislike for a particular type of work, please describe:

I LIKE:

I DISLIKE:

WARNING: YOU MAY GET DIRTY; YOU MAY GET PAINT ON YOUR CLOTHES. PLEASE DRESS ACCORDINGLY.

You will be given a Day of Caring T-shirt.:

Choose Size: L XL XXL XXXL

I can lift: Up to 25 pounds:

Up to 50 pounds:

I cannot lift:

I am a Licensed: General Contractor Electrician Plumber Other:

I have the following tools that may help on the job, if needed. Please List:

Dietary Restrictions? Explain:

DUE DATE

Please fax this form to 978-345-7683 by
Friday, AUGUST 25, 2006