

Ontario County Day of Caring
Thursday- April 15, 2010

VOLUNTEER SIGN UP FORM

ORGANIZATION _____

CONTACT PERSON _____

TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ EMAIL _____

Confirmation will be sent to the contact person listed on this sheet. Please list below the names of individuals volunteering from your organization. Please indicate how many people are available **all day, part of the day, or whatever time slot they are available.**

VOLUNTEERS

<u>Coordinator</u>	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LIST SPECIAL SKILLS: _____

PLEASE RETURN THIS FORM BY: **FRIDAY, FEBRUARY 26, 2010**

Elaine Pufnock, Events Coordinator
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