



Thursday, May 16, 2019  
Volunteer Sign Up

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Your confirmation will be sent to the contact listed above. Please list below the names of individuals volunteering from your organization. Also, please indicate the hours that your volunteers are available.*

Volunteer Name	Hours Available

Please list any special skills: \_\_\_\_\_

Please return this form to the United Way of Ontario County by Monday, March 25<sup>th</sup>  
United Way of Ontario County ~ 5297 Parkside Drive, Suite 440 ~ Canandaigua, NY 14424  
Phone: (585) 394-6550 ~ Fax: (585) 394-9251  
Email: [kristen.koczent@uwrochester.org](mailto:kristen.koczent@uwrochester.org)