



LIVE UNITED™

West Central Connecticut

DAY OF CARING 17 VOLUNTEER REGISTRATION FORM

(Please Print:)

Name (s) (*required)

E-Mail Address (*required)

Address (*required)

City (*)

State (*)

Zip Code (*)

Telephone # (*required)

Estimated number of volunteers: _____ Approximate ages of volunteers: _____

We would like to participate on Saturday, May 17th:

Number of hours: _____ Morning _____ Afternoon _____

Please indicate general type of projects/agencies volunteers would like to participate in:

(We will do our best to assign the type of project requested)

_____ Youth

_____ Building/Maintenance

_____ Elderly

_____ Gardening / Landscaping

_____ Spring Cleanup

Please return form by May 8, 2008 to your child's School Office.

We will confirm your community service project(s) in advance.

Serving the communities of Bristol, Burlington, Plainville and Plymouth