

## Volunteer Information

Please complete the below form if you are interested in participating or sponsoring a Day of Caring volunteer event.

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Project Coordinator: *(This is the designated contact person for your project and will serve as the liaison).*

\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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

---

What special skill sets do your volunteers have (*carpentry, landscaping, construction, etc.*)? Please be specific as possible.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many volunteers can you provide (*this will help with assigning your team to the available projects*)?

\_\_\_\_\_

Would you be willing to provide any supplies/materials for the project? (***If you are interested in helping by providing sponsorship please be sure to complete this section***)

If yes, please list donations.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return the form via fax, mail or e-mail to:**

Brenda Dickerson-Daniel Executive Director

118 W. McClanahan Street; P.O. Box 1542

Oxford, NC 27565

[bddaniel@hotmail.com](mailto:bddaniel@hotmail.com)

Fax: 919 -693-9524