

LETTER CARRIERS'

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www.unitedway-cc.org

2024 Day of Caring Volunteer Sign-up Sheet

Please submit this form via email: crystalmmcnair@unitedway-cc.org For more information, please call United Way at (910) 483-1179 ext. 229 Please complete all fields. Volunteer registration is confirmed via email.

Contact Person:				
Company or Group Name:				
Email Address:				
Phone:				
One of Design Design Control (international and analyst)				
Group Project Preference (list agency name and project) #1				
#2 #2				
#3				
PRINT Volunteer Name (Last Name, First I	Name)	T-Shirt Size	PRINT Volunteer Name (Last Name, First Name)	T-Shirt Size
Media Consent Waiver and Release:				
*Please discuss Media Release Waiver with all volunteer participants in your group. By signing waiver, you are indicating that all participants in your group are in agreement with the Media Release Waiver.				
I hereby give permission to United Way of Cumberland County, its agencies and other news media entities, to prepare, reproduce, publish, or exhibit my or my child's picture, portrait, or likeness for use by the news media or United Way in their news and public awareness programs. Any photograph, photo transparency, drawing, or other illustrative graphic material, audio-visual tape, or audio-visual illustrations, news report, story, or article may be used without my prior examination of the finished product.				
I hereby release, discharge, and agree to hold harmless all parties to whom this consent is given from any liability whatsoever and agree that this consent and waiver will not be made the basis of a future claim of any kind.				
Contact Name (Print):				
Contact Signature: Date:				
*Signature can be electronic. This document must be signed and dated prior to volunteer service.				