

VOLUNTEER SIGN UP SHEET

2010 Spring Yard Clean Up

Complete form and fax to (262) 549-0436, email to bekyhomann@interfaithwaukesha.org, or mail to Becky Homann at 210 NW Barstow Street, Suite 101 Waukesha, WI 53188 by April 16th

Volunteer Name/ Group Leader: _____

If group, Group / Company / Organization Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: Home _____

Work or Cell _____

Email: _____

What is the best way to contact you?

Phone

Email

How many people will be in your group/family? _____ How many are children? _____ ages: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Phone: Home _____ Work or Cell _____

DRIVER INFORMATION:

Driver's License Number: _____

Auto Insurance Company Name: _____ Auto Policy #: _____

ACTIVITY PREFERENCE: (Check all that apply)

- Raking winter debris
- Placing lawn furniture in yard
- Cleaning flowers beds
- Trimming bushes
- Cleaning gutters (1st floor only)
- Installing screens
- Weeding
- Window washing (outside and 1st floor only)

LOCATION PREFERENCE: (Circle all that apply)

- | | | |
|------------|-----------------|--|
| Big Bend | Hartland | Pewaukee |
| Brookfield | Menomonee Falls | Sussex |
| Butler | Mukwonago | Waukesha |
| Chenequa | Muskego | |
| Delafield | Nashotah | <input type="checkbox"/> No preference,
I'll go where
needed |
| Dousman | New Berlin | |
| Eagle | North Prairie | |
| Elm Grove | Oconomowoc | |

TIME PREFERENCE:

Spring Yard Clean Up is the month of May

PLEASE CHOOSE TIME FRAME YOU WILL BE VOLUNTEERING

- Morning (approx. time: 9 am to Noon) Afternoon (approx. time: 1 – 4 pm)

If you/your group have a date set, please list so client can be notified: _____

I will contact client directly to arrange a date and time

By checking this box I agree that any information regarding a client learned through conversations or contained in the volunteer packet is confidential information. No information should be released to anyone (including family members) without proper authorization. I understand that I am only to complete the work that is requested in the volunteer packet and that it is my responsibility to inform the client to contact Interfaith Senior Programs if there are additional needs that need to be addressed. I will contact Interfaith Senior Programs staff if I have any concerns regarding the client and/or if I observe safety hazards at the client's home.