



Corporate Participation Form

Company Name _____

Day of Caring Contact _____

Address _____

Phone _____

Email _____

Desired Date(s) of Project _____

We would like (check one): Full Day Half-day morning Half-day afternoon

Number of volunteers you plan to recruit _____

Please note any special skills your volunteers can offer (carpentry, electric work, painting, etc.):

Please note a specific type of project you would like, if any: _____

Would your volunteer group mind working directly with agency clients? Yes No

Submit your completed Corporate Participation Form to:

Betty Baillargeon, United Way, P.O. Box 375, Gales Ferry, CT 06335

Fax: 464-6362 / E-mail: betty.baillargeon@uwsect.org