

United Way of Sampson County
P.O. Box 1677
Clinton, NC 28329
910.592.4263

Volunteer Team Registration	
All Required fields are marked in Bold .	
Company/Organization	
CEO/President	
Address 1	
Address 2	
City	
State	
Zip	
Team Coordinator	
Phone	
Fax	
Email	
Alternate Phone (Cell, etc) * Your alternate phone number may be used on "Project Selection Day" if you cannot be reached at your office.	
We are flexible on which day of the week during Days of Caring our team can volunteer. Being flexible will maximize your project selection opportunities.	<input type="checkbox"/> YES <input type="checkbox"/> NO, Only Available on: _____
I will attend Days of Caring Kick-Off Breakfast for Coordinators Oct. 11 th at 8:00 a.m. (Site TBA)	<input type="checkbox"/> YES <input type="checkbox"/> NO, My Designee Will Be: _____
Approximately how many volunteers from your company/organization will participate? (Just your best guess.)	
Total # Employees at your company or members of your organization.	