



DAY OF
CARING
365

Registration Form Pancake Brunch
Sunday, February 28, 2021

Location

Name: _____
Street Address: _____ City: _____
State _____ Zip Code _____ County: _____
Phone: _____ E-mail: _____

Sponsoring Organization

Same as above

Name: _____
Street Address: _____ City: _____
State _____ Zip Code _____ County: _____
Phone: _____ E-mail: _____

Primary Contact Person

Name: _____
Street Address: _____
City: _____ State _____ Zip Code _____
Phone: Day _____ Evening _____ Cell _____
E-Mail: _____

Secondary Contact Person

Name: _____
Street Address: _____
City: _____ State _____ Zip Code _____
Phone: Day _____ Evening _____ Cell _____
E-Mail: _____

Type of Site

Time of Event _____ to _____ Local Newspaper for Advertising _____
Materials Request: # of Posters _____ # of Tickets Adult _____ Child/Senior _____ Free _____
Does not Use Tickets _____

(See second page for consent and signatures)

RESPONSIBILITIES

Thank you for being a part of Day of Caring. Day of Caring supports hunger and homeless causes. Monies raised in your county will be donated to hunger and housing coalitions in your community. To make it a successful event for you, please read the following:

GENERAL DUTIES/RESPONSIBILITIES OF SITE CHAIRPERSON

- Setting up/appointing committees such as ticket coordinator, publicity coordinator, food/kitchen coordinator and other committees the site chairperson deems appropriate;
- Securing all necessary volunteers;
- Ensuring that all equipment is secured including grills, stove, coffee pots, warmer for syrup, container for orange juice, container for mixing pancake batter, spatulas/serving utensils, server/warmers, refrigeration for storage of cold products and appropriate ventilation;
- Publicity for the event such as fliers and/or press releases sent to organizational newsletters/church bulletins and local newspapers;
- Ordering product from the Day of Caring office;
- Securing any additional donations of food or money for the site;
- Setting up any entertainment and/or program speakers for the day of the event, if they so wish;
- Pre-determining how all leftover food, cooked or uncooked, will be disposed of.

MONEY

- Collect all money and make sure all checks are made out to Day of Caring and must be turned in by deadline date to be determined.
- Sending all money collected to the Day of Caring office either in person or by mail

CONSENT AND WAIVER

I understand that Day of Caring is a non-profit, charitable organization that raises money for the hungry and homeless and provides volunteer opportunities throughout the Miami Valley. I hereby unconditionally and irrevocably release Day of Caring and each of its officers, directors, employees and volunteers for any injury, loss or damage which may befall me or any of my property while I am performing volunteer services for Day of Caring. I further agree to save and hold harmless Day of Caring and its officers, directors, employees and volunteers from any claim by me, or my family, estate, heirs or assigns arising out of any injury, loss or damage arising from or attributable to my performing volunteer services for Day of Caring.

I agree not to be under the influence of any alcohol or illegal substances while I am volunteering for Day of Caring.

I agree to adhere to all relevant policies and procedures set forth by Day of Caring.

Volunteer Signature

Date

Volunteer Signature

Date

Please return form to: **Day of Caring P.O. Box 341453 Beavercreek, OH 45434**