**Registration Form Pancake Brunch**

**Sunday, February 23, 2020**

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P**rimary 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 365. Day of Caring 365 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 365 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 365 and must be turned in by the deadline date to be determined.
* Send all money collected to the Day of Caring 365 office either in person or by mail.

# CONSENT AND WAIVER

I understand that Day of Caring 365 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 365 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 365. I further agree to save and hold harmless Day of Caring 365 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 365.

I agree not to be under the influence of any alcohol or illegal substances while I am volunteering for Day of Caring 365.

I agree to adhere to all relevant policies and procedures set forth by Day of Caring 365.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Signature Date

Please return form by email or mail to: **Day of Caring 365 P.O. Box 341453 Beavercreek, OH 45434**