



DAY OF  
CARING  
365

## Registration

### **Form 2023** **February 26th**

#### **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**

Pancake Brunch \_\_\_\_\_ Tickets \_\_\_\_\_ Other \_\_\_\_\_

Time of Event \_\_\_\_\_ Local Newspaper for Advertising \_\_\_\_\_

**Materials Request:** # of Posters \_\_\_\_\_ # of Tickets Adult \_\_\_\_\_ Child/Senior \_\_\_\_\_ Free \_\_\_\_\_

(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, servers/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. The only items to be returned to the Day of Caring office will be aprons, towels, and banners.

#### **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.

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Volunteer Signature

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Date

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Volunteer Signature

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Date

**Please return form to:**

**Day of Caring**

**PO Box 341453**

**Beavercreek, OH 45434**