



**UNITED WAY OF THE EASTERN PANHANDLE**  
**SEPTEMBER 9, 2025 DAY OF CARING**  
**VOLUNTEER REGISTRATION FORM**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(If under age 18 only)

Emergency Contact Phone # \_\_\_\_\_

Are you volunteering with a team or as an individual? \_\_\_\_\_

If with a team, please name (business, organization, school, etc.) \_\_\_\_\_

If you are volunteering as an individual, is there a specific organization with which you would like to volunteer? (Yes or No) \_\_\_\_\_

If yes, what organization? \_\_\_\_\_

Are there any limitations as to the type of work you can do? (Lifting, painting, etc.) If so, please describe: \_\_\_\_\_

T-shirt Adult size: ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL

T-shirt Youth size: ☐ S ☐ M ☐ L

**Day of Caring Media/Photo Release**

I, \_\_\_\_\_, am a volunteer who has agreed to participate in United Way of the Eastern Panhandle Day of Caring service activities to be held on **September 9, 2025**.

I hereby authorize United Way of the Eastern Panhandle to use any photo, video, and other representational image taken of me participating in Day of Caring service activities to promote the United Way and its programs, including, but not limited to, inclusion in the annual report, on the website, in posters, brochures, videos, and other materials.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature (if volunteer under age 18)**

**RETURN FORM TO TEAM LEADER or TO:**

Penny Porter, CEO / Director of Community Impact  
United Way of the Eastern Panhandle  
24 District Way, Suite 201  
Martinsburg, WV 25404  
304-263-0603 Ext. 124 (Office)  
304-263-0614 (Fax)  
pporter@uwayep.org

Would you like to continue your volunteer service with United Way of the Eastern Panhandle throughout the year? If so, in what area would you like to serve?

☐ **COMMUNITY CAMPAIGN**

☐ **COMMUNITY IMPACT / SERVICE PROJECTS**

☐ **SPECIAL EVENTS**