

Volunteer Application

Thank you for your interest in volunteering with the United Way of Pictou County!

Name			
Mailing Address			
City	Province	Postal Code	
Phone #	Email		
<u>Volunteering</u>			
Below are the volunteer o which of the following yo	pportunities we offer at the United Way u are interested in below.	y of Pictou County. Please indicate	
Board of Directors			
🗌 Campaign Team			
Day of Caring			
Employee Workplace	Campaign Coordinator		
Special Events			
Board of Directors (when	unfilled positions exist): Help guide a	nd direct the work of the United Way.	
Campaign Team: Put you	r leadership skills to running a division	within the annual fundraising	
campaign.			
Day of Caring: Grab some	e family and friends to help a communi	ty partner complete a one-day	
project such as gardening, painting, and/or filing. This event takes place once a year, typically in the			
month of June.			
Employee Workplace Car	npaign Coordinator: Run a United Way	campaign at your workplace.	
Special Events: Help with	one of our annual events or if you have	e an idea for an event, we'd love to	
hear about it! <u>Pulling for (</u>	<u> Change</u> - held each Fall (Fire Truck Pull)), <u>Golf Fore Change</u> tournament -	
held the first Friday of Ju	ly, <u>Toy Drive</u> - held the first weekend of	December, <u>Cupcake or Gingerbread</u>	
House Decorating - held i	n December, <u>Annual General Meeting</u> -	held in May, <u>GenNext Events</u> , etc.	



What best describes your current situation?				
Employed				
Retired				
Student				
Other:				
<u>Please indicate your availability:</u>				
I prefer to volunteer 🔲 Mornings	Afternoons	Evenings		
I can offer my services 🔲 Daily	Weekly	Monthly		
I am only available:				

Photography Release/ Consent Form (Optional)

I grant permission to United Way of Pictou County representatives, to take and use photographs and/or digital images of myself and/or of my children named below for use in promotional materials for publicity and promotion purposes. These materials might include printed or electronic publications, websites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s) or my volunteer duties. I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of United Way of Pictou County.

I expressly release United Way, the Organization's agents, employees, licensees and assigns from and against any and all claims that I have or may have for invasion of privacy, defamation, copyright, or any other cause of action arising out of the production, distribution, license, advertisement, exhibition or use of the promotional materials. I also sign to United Way all performers' rights I may now or hereafter have in the promotional materials.

Please print clearly

Name of individual, parent, or guardian

Name of child/ children (If applicable)(

Signature of individual, parent, or guardian

Please return this completed form online to info@pictoucountyunitedway.com OR in-person at 342 Stewart Street, New Glasgow