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## Volunteer Application

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

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*Name*

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*Mailing Address*

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*City*

*Province*

*Postal Code*

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*Phone #*

*Email*

### **Volunteering**

Below are the volunteer opportunities we offer at the United Way of Pictou County. Please indicate which of the following you are interested in below.

- Campaign Team
- Day of Caring
- Employee Workplace Campaign Coordinator
- Special Events

**Campaign Team:** Put your leadership skills to running a division within the annual fundraising campaign.

**Day of Caring:** Grab some family and friends to help a community 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 Campaign Coordinator:** Run a United Way campaign at your workplace.

**Special Events:** Help with one of our annual events or if you have an idea for an event, we'd love to hear about it!



**What best describes your current situation?**

Employed

Retired

Student

Other: \_\_\_\_\_

**Please indicate your availability:**

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*

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

**Please return this completed form online to [info@pictoucountyunitedway.com](mailto:info@pictoucountyunitedway.com) OR in-person at  
342 Stewart Street, New Glasgow**