



Day of Caring: Wednesday, Sept. 16, 2026
Company Team Registration

UNITED WAY OF MERIDEN AND WALLINGFORD

Company: _____

Company Coordinator: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Total number of team members: _____

How many can do heavy lifting/work: _____

(**Most projects have a capacity of 10 volunteers & under. If more than 10 volunteers sign up, they may be divided into smaller groups for different projects and possibly other location(s) **)

Tee-shirt sizes: Medium _____ Large _____ XL _____ 2X _____ Other _____

Which setting of completing projects do you prefer? ☐ Inside ☐ Outside ☐ Both/No preference

Would you be willing to divide your volunteer team to work at more than one agency? ☐ Yes ☐ No

Please select which of the following Day of Caring half-day project times you prefer:

*****Booking half-day projects this year due to partner nonprofit project's capacity/needs*****

☐ Half Day Morning Project (8:30 a.m. - 12:00 p.m.)

☐ Half Day Afternoon Project (1:00 p.m. - 4:30 p.m.)

Does your team have a specialty skill? (please check all that apply)

☐ Landscaping ☐ Painting ☐ Electrical ☐ Cleaning ☐ Plumbing

☐ Set up/Clean up ☐ Carpentry ☐ Delivery ☐ Light Construction

☐ Other _____

Would your team be willing to work with other teams to complete a project? ☐ Yes ☐ No

Would your team consider bringing your own personal tools, if needed, to complete a project? ☐ Yes ☐ No

Name (print): _____

Signature: _____ Date: _____

Please complete and return this form by Thursday, September 3, 2026

If you have any questions, please contact Julia at jpelletier@unitedwaymw.org OR 203-235-4403 ext.1002

Return completed forms to:

Email: jpelletier@unitedwaymw.org

United Way of Meriden & Wallingford: 35 Pleasant Street, Suite 1E, Meriden, CT 06450