



Brown County United Way

Volunteer Center of Brown County Make a Difference Day Service Request Form

Please return this form by October 8, 2021.

Submittal of this form is mandatory in order to be considered for assistance.

Complete this application and return it to the Volunteer Center at
984 Ninth Street, Green Bay, WI 54304 or by email to volunteercenter@volunteergb.org

Recipient Information *(please print)*

Recipient name: _____

Street address: _____

City Town Village of: _____ Zip Code: _____

Primary contact *(if different than recipient)*: _____

Relationship to you: _____ Primary contact's phone: _____

Daytime phone: _____ Email: _____

Preferred contact method: Phone Email

Which of these options best describes the yard size: Small Medium Large

Do you have a pet? No Dog Cat Other: _____

Please note: Homeowners are responsible for clean-up of pet waste in their yards.

Emergency contact: _____ Relationship to you: _____

Phone: _____

Select the services you would like completed for Make A Difference Day:

- Rake lawn/leaves
- Bring outdoor furniture to a garage or shed
- Trim hedges/weed landscaping
- Wash windows (exterior first floor only)

Select the tools *(safe and in good working condition)* you can provide:

- Rake(s) qty: _____
- Glass cleaner
- Tarp(s) qty: _____
- Paper towels/rags (for windows)
- Hedge trimmer(s) qty: _____
- Ladder/stepstool

(continued on back)

How did you hear about this opportunity?

- ADRC of Brown County
- Brown County United Way
- Volunteer Center of Brown County
- Other: _____

Photo Release

- I give permission for my photo to be used by the participating organizations for promotional purposes.
- I do not give permission for my photo to be used by the participating organizations for promotional purposes.

I understand that volunteers do the work. I release from any and all liability the volunteers, the Volunteer Center of Brown County, and any partnering or sponsoring agencies through my consent to participate in this program. I understand that this request may not be completed due to resource limitations and at the discretion of the Volunteer Center. I give permission to release my contact information to the volunteer(s) assigned to me so they may contact me to arrange a day and time for the services(s) to be completed. I acknowledge my understanding of the above-mentioned information and my willingness to participate in this program.

Signature: *(required)* _____ Date: _____