



Random Acts of Simple Kindness  
Affecting Local Seniors

Saturday, April 18th, 2026

9am – 1pm

## Volunteer Information - TEAM FORM

Please complete all of the following information:

Name (Team Leader) \_\_\_\_\_ Phone: \_\_\_\_\_ (Circle: Home/ Work/Cell)

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail address: \_\_\_\_\_

I am a part of (Organization/ Team Name): \_\_\_\_\_

This form must be returned by Wednesday, March 18<sup>th</sup>, 2026.

Last Name	First Name	Age as of April 18 <sup>th</sup> , 2026	Shirt Size* (circle one)						
			YM	YL	S	M	L	XL	2X
			YM	YL	S	M	L	XL	2X
			YM	YL	S	M	L	XL	2X
			YM	YL	S	M	L	XL	2X
			YM	YL	S	M	L	XL	2X
			YM	YL	S	M	L	XL	2X
			YM	YL	S	M	L	XL	2X
			YM	YL	S	M	L	XL	2X
			YM	YL	S	M	L	XL	2X

\* Children under 18 are required to have adult supervision on the assignments

In case of emergency, RASKALS should notify \_\_\_\_\_ at (phone number) \_\_\_\_\_  
(Someone not participating in RASKALS)

Please remember to bring your yard equipment: clippers, trimmer, rake, broom – based on your client needs.

The City provides some yard bags, window cleaner and paper towels for each team

Please check **YES** \_\_\_\_\_ if you are the **TEAM LEADER** or are interested in being the **TEAM LEADER**.

**TEAM LEADER MUST CONTACT CLIENTS no later than Tuesday, April 14th.**

## Volunteer Waiver

**(Each member of the team must complete this page. Please make copies as needed.)**

I do hereby release and hold harmless the City of Fairfield Volunteer Program, supporters, officers, agents and employees and the homeowner for whom I am doing volunteer work, for any injury that I may suffer or incur as the result of my volunteering.

Name of Volunteer (print): \_\_\_\_\_

_____ Signature of Volunteer	_____ Date	_____ Signature of parent or Guardian if Volunteer is under 18 yrs.	_____ Date
---------------------------------	---------------	---	---------------

### Photo Release

The City of Fairfield Volunteer Program has my permission to use my photograph in publicity in the future.

_____ Signature of Volunteer	_____ Date	_____ Signature of parent or guardian if under 18 yrs.	_____ Date
---------------------------------	---------------	--	---------------

**\*\*Seniors rank the importance of the jobs they want done from 1-5 with 1 being the most important.** These items include: picking up sticks, washing outside windows, sweeping sidewalks, trimming shrubs, weeding, raking leaves, and other general maintenance items they want done. We would like to have the volunteers do what they can at each house within an hour. The ranking system will help make sure most seniors are taken care of and the volunteers won't get burned out at the first house.

If you are being organized into groups (such as youth group, organizational group, or school group) please make sure the name of the team is listed on the first page of this application. Individuals can **email, mail, fax or drop off their registrations by Wednesday, March 18th to:**

shocter@fairfield-city.org  
Fairfield Parks and Recreation  
411 Wessel Drive  
Fairfield, OH 45014

Phone: 513-867-5348  
Fax: 513- 867-6070

