



Group Volunteer Application

PLEASE PRINT CLEARLY IN BLOCK LETTERS

Name of Group: _____

Name of Contact Person: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Cell: _____

Email: _____

Preferred method(s) of contact: Phone Cell Email

How did you hear about our program? Website Resident Volunteer Media Staff
 Other: _____

Please note any special training (activities/hobbies/special interests) or skills that you have, such as computer skills, teaching, foreign languages, sewing, playing a musical instrument, making crafts, etc.

Has your group previously volunteered with us? Yes No

What is your group size (5-25)? _____

How many of your group members are under the age of 18? _____

How many hours will you be volunteering? _____

What day(s) do you wish to volunteer? One time Ongoing

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

What is your group interested in doing? _____

Group Volunteer Applicant Names and Emergency Contact Names

Volunteer's Name: _____

Emergency Contact's Name: _____

Emergency Contact's Phone: _____

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Emergency Contact's Name: _____

Emergency Contact's Phone: _____

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