



Group Volunteer Application

Date of Application:

Date of Service:

Contact Name: _____

Organization: _____

Address: _____

Contact Phone: _____ Contact E-Mail: _____

How did you learn about this organization? _____

Past group volunteer experiences: _____

What did your group enjoy most about the experience(s)? _____

Least? _____

What is your group looking to get out of this experience? _____

This service will be: _____ One-time _____ Regular, ongoing _____ Sporadic, ongoing

Please note that volunteer group members doing direct service client work must be at least 16 years old. Appropriate attire is required at all times (i.e. closed-toed shoes, no offensive t-shirts).



Volunteer Group Participants

Please legibly provide the names of volunteers. You can use your own form if additional space is needed.

| Name | Age (if under 18) |
|-----------|-------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |
| 11. _____ | _____ |
| 12. _____ | _____ |
| 13. _____ | _____ |
| 14. _____ | _____ |
| 15. _____ | _____ |