



# 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. _____	