

Group Volunteer Application



Group Volunteer Information

Organization/Group Name	
Name of Group Contact	
Group Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Church Affiliation	

Availability

During which hours is your group available for volunteer assignments?

- | | |
|--------------------|--------------------|
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

Interests

Tell us which areas your group is interested in volunteering

- | | |
|---|--|
| Tutoring | <input type="checkbox"/> Onsite Projects |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Chapel Service |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Host a Donation Drive |
| Mentoring (Men Only) | <input type="checkbox"/> Offsite Projects |
| Food Services | |

Project Description

Please provide specific details regarding the desired project.