

# Group Volunteer Application

PLEASE PRINT

Assigning Class Name \_\_\_\_\_

Number of Hours of Service Needed (per group, not individually) \_\_\_\_\_

We are available on: please circle day(s) M T W TH F S

We are available: In the morning only In the afternoon only anytime

Do any in your group have any health restrictions we should be aware of in making volunteer assignments? Yes No

If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

Do any in your group have office machine or computer experience? Yes No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Do any members of your group speak any language(s) other than English? Yes No

If yes, please list. \_\_\_\_\_

If yes, are you able to serve as an interpreter? Yes No as a proofreader? Yes No

Please check and describe any skills in the following areas:

Music/Instrument \_\_\_\_\_

Art/Craft/Sewing \_\_\_\_\_

Construction/Repair/Painting \_\_\_\_\_

Drama/Storytelling \_\_\_\_\_

Sign Language \_\_\_\_\_

Ethnicity \_\_\_\_\_

(This is optional. It will have no bearing on your status as a volunteer. It simply helps us with grant reporting.)



Group Name \_\_\_\_\_  
Group Point of Contact \_\_\_\_\_  
Point of Contact Phone/Email \_\_\_\_\_

## Group Member Names

## Age (if under 18) Phone/Emergency Contact

Group Member Names	Age (if under 18)	Phone/Emergency Contact
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Program \_\_\_\_\_ School \_\_\_\_\_  
Interview \_\_\_\_\_ Orientation \_\_\_\_\_

# FOR OFFICE USE ONLY

