



Affiliate of Community Housing Advocates, Inc.



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Group Volunteer Application

Group/Club Name: _____
 Company/Church/School Affiliation: _____
 Name of Group Leader (print): _____

Address: _____
 (Street) (City) (State) (Zip)

Contact's E-mail: _____

Cell Phone: _____ Daytime Phone: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

1) Would you like an on-going, short-term, or one-time volunteer project?

On-going Short-term One-time

2) What is the mission or purpose of your group or organization? If you do not have a formal mission, please describe what your group does:

3) Do you have a particular activity in mind for your group?

- | | | |
|--|---|---|
| <input type="checkbox"/> Prepare & Serve a Meal | <input type="checkbox"/> Prepare & Deliver a Meal | <input type="checkbox"/> Prepare & Deliver Dessert |
| <input type="checkbox"/> Fundraise | <input type="checkbox"/> Coordinate a Collection (i.e. toiletry kits) | <input type="checkbox"/> All Day Service Project |
| <input type="checkbox"/> Youth Program | <input type="checkbox"/> Organize food pantry/clothing closet | <input type="checkbox"/> Lead an activity for adults (i.e. arts & crafts) |
| <input type="checkbox"/> Help with yard work or other facility project | <input type="checkbox"/> | <input type="checkbox"/> |

4) Do you have a particular date and time in mind? Please indicate the day, date and time you are available, and which area you prefer.

