Group Volunteer Application

Primary Contact Information

Name: _____ Date: _____

Preferred Name or Nickname:_____

Position in Group/Organization:_____

Preferred Phone: (___) ____-_____   E-mail:_____

Group/Organization Information

Group/Organization Name: _____

Type of Organization: _____

Organization Address: _____

Do you need accommodations? If yes, please explain: _____

_____

Please list Volunteer Names:

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