

Office Use Only						
Received						
Entered into Database_						
Background Check: 0	OK	/	0	NOT OK		
Interview Date:						

Group Volunteer Application

Name:	Primary Contact Information		
Preferred Phone: () E-mail:	Name:	Date:	
Preferred Phone: () E-mail:	Preferred Name or Nickname:		
Group/Organization Information Group/Organization Name: Type of Organization: Organization Address: Do you need accommodations? If yes, please explain: Please list Volunteer Names:	Position in Group/Organization:		
Group/Organization Name: Type of Organization: Organization Address: Do you need accommodations? If yes, please explain: Please list Volunteer Names:	Preferred Phone: ()		
Type of Organization: Organization Address: Do you need accommodations? If yes, please explain: Please list Volunteer Names:	Group/Organization Information		
Organization Address: Do you need accommodations? If yes, please explain: Please list Volunteer Names:	Group/Organization Name:		
Do you need accommodations? If yes, please explain: Please list Volunteer Names:	Type of Organization:		
Please list Volunteer Names:	Organization Address:		
	Do you need accommodations? If yes, please explain:		