



Group Volunteer Information and Release Form

The following information will be very helpful to us in selecting/assigning volunteer roles, planning training, and collecting data for evaluation. Any information you choose to provide us will be held completely confidential. *

Group Information

Name of Volunteer Group/Organization: _____

Name of Parent Organization, if different: _____

Address: Street _____

City _____ State _____ Zip _____

Where did your organization hear about our agency? _____

Does your organization have any previous affiliation with the agency? _____

Individual Contact Person for Group

Name: First _____ Last _____

Title or Position: _____

(If this is a group for which individual membership changes over time, please provide the title or position to which we should address future correspondence.)

Phone: Work _____ Other _____

Email Address(es): (Home) _____ (Work) _____

Volunteer Assignment Information

Scheduled Date of Assignment *(if known)*: _____

Volunteer Assignment Preference *(if any)*: _____

Anticipated Group Size: Total _____ Number of Adults *(over 18)* _____

Number of Children _____ *(Please specify age range _____)*

To your knowledge: *(If you select yes for either of the statements below, please explain on an attached sheet of paper).*

1. Has anyone in your group ever been charged with any kind of criminal activity? Yes No
2. Does anyone in your group have any health problems or physical disabilities that would prevent them from performing certain kinds of work? Yes No

Signature: _____ Date: _____

* FLS takes seriously our duty to protect the confidentiality of your and your organization's private identifying information. We will not share such information with anyone outside of the agency without your and/or your organization's written permission.

