



Group Volunteer Application

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. *

You will be notified of the status of this application prior to the proposed volunteer dates.

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

<i>Please complete for each date you wish to volunteer</i>	Date of Assignment (if known)	Proposed Start Time	Proposed End Time	Anticipated Group Size	Number of Children Under 18 Years of Age in the Group	Age Range of Children Under 18 Years of Age in the Group
Date #1						
Date #2						

Is there a preferred type of volunteer work that your group would like to do? *(client interaction, general maintenance/landscaping, etc.)* _____

To your knowledge does anyone in your group have any health or other physical challenges 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.