

Volunteer Group Application Form

Today's Date		Who or what prompted you to volunteer?								
Group Leader or Main Contact										
Name				Work Phone						
Street				Home Phone						
				Cell Phone						
City				State		Zip				
E-Mail Address:				Age		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female				
How did you hear about our agency?										
Have you or your group volunteered with Volunteers of America, Utah previously?										
About Your Group										
Approximately how many volunteers will be in your group?			Any special group characteristics?							
What is the gender or gender mix of your group and their ages or age ranges?										
Is your group:			<input type="checkbox"/> Church <input type="checkbox"/> Business <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Other							
			Name of Organization:							
Volunteer Request and Availability										
Desired Program or Activity:										
Is there a specific date or time frame during which your group wants to volunteer?										
Days available to volunteer:				Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Time(s) of Day:										
<input type="checkbox"/> One-Time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly										