



GROUP VOLUNTEER APPLICATION

Name of Group/Organization: _____ Today's date: _____

Group Address: _____

City: _____ State: _____ Zip: _____

Contact Person(s): _____

E-mail: _____ Phone: _____

Approx. # of Youth Volunteers* (Under 18): _____ Approx. # of Adult Volunteers: _____

****Volunteers under 18 years of age must have a Youth Waiver & Liability Agreement signed by a parent/guardian.***

VOLUNTEER PREFERENCES:

Interested in volunteering: At Mealtimes Behind the Scenes At Public Events

Interested in volunteering: Once Weekly Monthly Other

When is your group available? MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

MORNING (11:30am-1:30pm)					
AFTERNOON (1:30pm-4:00pm)					
EVENING (4:00pm-6:00pm)					

Do you have specific times/days that interest you the most? _____

Which volunteer opportunities interest your group the most? (Check all the apply):

- Food Preparation and Meal Service
- Lead Fellowship Friday Service
- Food Rescue Transportation
- Cleaning/ Sanitization Project
- Special Event at UGM
- Special Event on behalf of UGM

****Every member of your group/organization must complete a Waiver & Liability Agreement before volunteering.***