

GROUP VOLUNTEER SERVICE APPLICATION

ORGANIZATION CONTACT INFO

Church/Group/Company Name _____

Address _____ Website _____

City _____ State _____ Zip _____
Contact Person _____ Position _____

Email: _____ Phone # _____

Best way to contact you:

Text # _____ Phone # _____ or Email _____

AVAILABILITY

Please select the most appropriate day and time of your volunteer service project:

Day of the week: _____ Specify time: _____ to _____

Campus Preference: _____

ABILITIES/SKILLS

Describe any skills or interest your group/organization has that will contribute to our volunteer opportunities: _____

NUMBER OF VOLUNTEERS _____ AGE RANGE/GENDER _____

GENERAL

Please describe why you are interested in volunteering here at **MHFK** _____

SPECIFICS

What specific tasks is your group interested in doing? _____

Group Leader Signature

Name _____ Date _____