



## GROUP VOLUNTEER APPLICATION

1297 PARK AVENUE, CHICO, CA 95928 (530) 345-2640

Coordinator LAST NAME		Coordinator FIRST NAME				
ADDRESS		CITY	E-MAIL ADDRESS		STATE & ZIP	
DAY TIME PHONE		APPLICATION DATE			<input type="checkbox"/> ADULT <input type="checkbox"/> TEEN <input type="checkbox"/> CHILDREN	
DESCRIPTION OF GROUP:					LIST AGES:	
REASON FOR VOLUNTEERING:						
NUMBER OF PEOPLE IN THE GROUP:						
HOW OFTEN ARE YOU INTERESTED IN VOLUNTEERING:						
PLEASE CHECK THE BOXES FOR TIMES AND DAYS YOU ARE AVAILABLE TO VOLUNTEER						
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Morning						
Afternoon						
PLEASE CHECK THE BOXES THAT REPRESENT WHAT YOU ARE INTERESTED IN DOING TO SERVE						
<input type="checkbox"/> ADOPT A MEAL  <input type="checkbox"/> 1-1-1	<input type="checkbox"/> SPECIAL EVENTS  <input type="checkbox"/> WORK DAY	<input type="checkbox"/> NEIGHBORHOOD AMBASSADORS  <input type="checkbox"/> CLEANING TEAM	<input type="checkbox"/> HOLIDAY MEAL			
Comments or Questions-						
Coordinator SIGNATURE:						

*Schedule:*