

Group Volunteering Application Form

Date _____

Organization/ Group Information

Company/School Name _____

Phone Number _____

Address _____

City _____ Province _____ Postal Code _____

Email _____

Website _____

Does your company have a donation matching program? Yes No

Volunteers (please attached a list of volunteers names)

How many volunteers will be participating _____

Contact Person (each organization or group must have a contact person)

Name _____

Phone Number _____ Cell _____

Work _____ Email _____

Volunteer Opportunities

- TAT Callers Clothing Sorter Other _____

Availability (tick which days and times would work for the group)

Please provide us with the dates you would like to come

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (9-1)							
Afternoon(1-5)							
Evening (5-9)							

Office Use only

Group Approved No Yes

Comments

Volunteer Services Signature

Date

Please send complete application with attention to:
Amanda Emes, Covenant House Vancouver
575 Drake Street, Vancouver, BC, V6B 4K8
Fax: 604.685.5324 or by email at aemes@covenanthousebc.org