



GROUP VOLUNTEER APPLICATION

Name of Group/Organization: _____

Affiliation (Name of school, church, university, etc.):

Number of members: _____

Are any of your volunteers under 18? Yes () No () If yes, please indicate age range: _____

Is this volunteer work a requirement of your organization? Yes () No ()

If so, how many hours? _____ By when? _____

Has your organization volunteered with Twin City Mission before? Yes () No ()

When & where? _____

Point of Contact Information:

Name: _____

Phone Number: _____

Email Address: _____

Option 1: Recurring Volunteering

Areas of Interest (**Rank** your top 3):

___ Community Café

___ Resale

___ Recycle Yard

___ No Preference

How often would your group like to volunteer?

Once () Monthly () Weekly () Several times a week ()

If other, please specify _____

When is your group available to volunteer? (Please indicate days and times)

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

How many volunteers can you provide at a time?

Minimum desired _____ Maximum desired (up to 10) _____

Option 2: Volunteering for Community Events

Would you like be contacted when we are in need of larger groups of volunteers for one-time community events? Yes () No ()

If yes, how many volunteers would you be able to provide at a time? _____

Please note that all volunteers of Twin City Mission are required to complete a 45-minute orientation and may need to receive a criminal background check before volunteering.

I authorize representatives of Twin City Mission to investigate all statements and claims in this application and attached documents. I understand that misrepresentation or omission of facts requested is cause for denial of volunteer placement.

Signature: _____ Date: _____