



Clare House, Inc. Group Volunteer Application

Group Contact Information	
Group Name	
Group Contact Person	
Group Mailing Address	
City, State, Zip Code	
Phone Number	
E-mail Address	
Please list your preferred method of contact: <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Phone	

Availability	
During which hours are you available for volunteer assignments?	
___ Weekday mornings: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	___ Weekend mornings
___ Weekday afternoons: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	___ Weekend afternoons
___ Weekday evenings: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	___ Weekend evenings
I want to volunteer at Clare House:	
<input type="checkbox"/> During Summers <input type="checkbox"/> Year Round <input type="checkbox"/> For a School Project	
If for a School Project, please list the length of the project and expected end date:	
Length: _____ Months Expected End Date: ____/____/____	

Interests	
Please tell us in which areas you are interested in volunteering (you may check more than one):	
___ Babysitting	___ Preparing a Meal
___ Collection of Items from Wish List	___ Newsletter/Bulk Mail Preparation
___ Donation Organization	___ Special Events

Group Information
Please provide information about your group (mission, location and number of members, etc)



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Special Skills or Qualifications

Please summarize your previous volunteer experience as well as any special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Group Members Who May Be Volunteering

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	___/___/___

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us. Please return completed forms to: Donna@clarehouse Lancaster.org



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Staff Use Only			
Referral Source			
Staff Signature		Date Received	____/____/____
Comments:			