

Group Volunteering Application Form

Date _____

Organization/Group Information

Organization/School/Group Name: _____

Contacts Name: _____

Phone Number: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Website: _____

Does your company have a donation matching program? Yes No

Volunteers *(Please attach a list of volunteer names with this application)*

How many volunteers will be participating? _____

Volunteer Opportunities *(What position would you like to apply for?)*

Thank-a-Thon Callers Clothing Sorter Other _____

Availability *(Check off which days and times would work for the group)*

Please provide us with the dates/times you would like to come:

OFFICE USE ONLY

Group Approved: Yes No

Comments

Volunteer Services Signature: _____

Date: _____

Please send complete application with attention to:

Tobi Newman, Covenant House Vancouver

575 Drake Street, Vancouver, BC V6B 4K8

Fax: 604.685.5324 Email: volunteer@covenanthousebc.org