

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:



Opening Doors for Homeless Youth

Covenant House Vancouver
575 Drake Street
Vancouver, BC V6B 4K8
Tel: 604-638-GIFT (4438)
Fax: 604-685-5324
www.covenanthousebc.org

OFFICE USE ONLY

Group Approved: Yes No

Comments

Volunteer Services Signature: _____

Date: _____

Please send complete application with attention to:

Volunteer Services, Covenant House Vancouver

Phone at 604.638.4438

Email at volunteer@covenanthousebc.org