



## **Group Volunteer Application**

	Group/Clu	b Name:						
Comp	oany/Church							
		·						
Na	me of Group							
		(print):						
	Address:							
	Addi C33.	(Street)		(City)	(State)	(Zip)		
		(50.555)		(0.5))	(5:4:5)	()		
Contac	t's E-mail:							
- · · - ·								
		Daytime Phone:						
Fmer	gency Conta	ct·						
Linei	gency conta							
Eme	ergency Con	tact						
	Phone Num	ber:						
			_					
1)	Would you like an on-going, short-term, or one-time volunteer project?							
	On-go	oing	Short-1	term	One-time			
21	What is the mission or nurpose of your group or organization? If you do not have a farmed mission							
۷)	What is the mission or purpose of your group or organization? If you do not have a formal mission, please describe what your group does:							
	please de	Scribe what your g	group does.					
_								
3)	Do you have a particular activity in mind for your group?							
ŕ		are & Serve a Mea		e & Deliver a Meal	Prepare & De	eliver Dessert		
			<u> </u>	nate a Collection	<u> </u>			
	Fund	laise	Coordi	nate a Collection	All Day Servi	ce Project		
4)	Do you ha	vo a narticular da	te and time in	mind? Please indicat	e the day date and	time vou are		
7)		Do you have a particular date and time in mind? Please indicate the day, date and time you are available, and which area you prefer.						
	available,	and winer area y	ou prefer.					
<b>-</b> \	D			المعال والمستعمل المغار	2. Diagon lätti suus			
5)	Do any me	Do any members of your group require special accommodations? Please list any requirements:						





6) *Please list the members of your group that will be attending:								
*We need all group members names in the event of an emergency in the building								
Na	me:	Email Address:	**Employer:					
7) Are there other opportunities for you and your organization to partner with Mercy Housing and Shelter?								
	Volunteer on Committee	Grant Funding Opportunity	Gala Sponsorship					
	**Mercy is continually researching new sources of funding for our programs. Many companies require that employees volunteer with an organization in order to be eligible to apply for funding. By sharing with us your employer's name, you are helping us in our application process for future grant funding opportunities.							

All volunteers must be fully vaccinated (COVID 19) for their safety and the safety of our clients. Thank you.

Effective: March 2021