



Affiliate of Community Housing Advocates, Inc.



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Group Volunteer Application

Group/Club Name: _____
 Company/Church/School Affiliation: _____
 Name of Group Leader (print): _____

Address: _____
 (Street) (City) (State) (Zip)

Contact's E-mail: _____

Cell Phone: _____ Daytime Phone: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

1) Would you like an on-going, short-term, or one-time volunteer project?

On-going Short-term One-time

2) 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:

3) Do you have a particular activity in mind for your group?

Prepare & Serve a Meal Prepare & Deliver a Meal Prepare & Deliver Dessert
 Fundraise Coordinate a Collection All Day Service Project

4) 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.

5) Do any members of your group require special accommodations? Please list any requirements:

Return to: Community Housing Advocates, Volunteer & Donation Coordinator, 118 Main Street., Hartford 06106
 Email: lreyes@mercyhousingct.org.

