

Group Volunteer Application

Group/Club Name: _____
Company/Church/
School Affiliation: _____
Point of Contact: _____
Address: _____
(Street) (City) (State) (Zip)
Contact E-mail: _____
Cell Phone: _____ Daytime Phone: _____

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

☐ On-going

☐ Short-term

☐ One-time

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

☐ Prepare & Serve a Meal
☐ Fundraise
☐ Landscaping
☐ Kit Making

☐ Prepare & Deliver a Meal
☐ Coordinate a Drive
☐ Client Enrichment Activity
☐ Youth Event

☐ Half Day Service Project
☐ All Day Service Project
☐ Donation Organizing
☐ Facilitating Pantry Opening

3) 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.

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

5) How many team members do you foresee attending?

6) 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 and My Sisters' Place are 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.**