

Family Pathways Volunteer Group Application

Group Name: _____ **Group Contact:** _____

Address: _____
Street City State Zip

Contact Phone: _____ **Alternate Phone:** _____ **E-mail:** _____

Has your group volunteered before? _____ If yes, where did you volunteer? _____

How did you find out about our volunteer program? _____

Which Program Area(s) you are applying for? Hunger Relief _____ Domestic Violence _____ Thrift Stores _____ Youth _____ Older Adults _____ Transportation _____ Admin _____ Professional/Technical _____ Fundraising _____

How many people are in your group? _____

Why are you motivated to volunteer? _____

We accept volunteers over the age of 5. Children under 16 must be accompanied by an adult. If there are children under 16, we ask that there be three (3) adults for each child under the age of 16. Are you able to provide supervision to meet those guidelines? _____

Please indicate which day(s) and shift(s) work best for your groups.

<u>Shift</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>	<u>Weekend (Limited)</u>	<u>Events (Limited)</u>
Morning							
Afternoon							
Late Aft/Eve.							

We want everyone to feel welcome. Does anyone in your groups have physical limitations you would like us to know about? If yes, please explain: _____

I certify that the answers given here are true and complete to the best of my knowledge. I acknowledge that we are offering our services strictly on a volunteer basis, and that I, or Family Pathways, may terminate the volunteer relationship at any time. I have read the above statement and have discussed any questions with agency staff.

Volunteer Contact Signature: _____ **Date:** _____

Location & Position: _____ Start Date _____
 Ongoing _____ Short Term _____ Reason Not Placed: _____
 Background Check Req'd? _____ Notes: _____
 Background Check Completed? _____ Staff Signature _____