



GROUP VOLUNTEER APPLICATION

Date: _____

Name of Group (Organization/Family/School): _____

Mailing Address: _____

Contact Person for Group: _____

Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

E-mail: _____

Secondary Contact for Group: _____

Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

E-mail: _____

Group Project: _____

Location of Project: _____

Additional Notes: _____

Rules and Guidelines (Please read and initial next to each guideline. Please make sure that group members are aware and abide by the listed Rules and Guidelines.)

_____ Volunteer groups are expected to complete assigned duties to the best of their ability, while being courteous and respectful to the clients and staff.

_____ Volunteer groups are required to report to a designated supervisor and sign in and out on volunteer logs to keep accurate count of volunteer hours.

_____ Volunteer groups are expected to be dependable and punctual. If unable to report to volunteer or if arriving late, the Group Contact is expected to immediately inform the assigned supervisor.

_____ Volunteer Groups are expected to maintain confidentiality of all proprietary or privileged information encountered through their involvement at Catholic Charities. This includes information about agency business, staff, volunteers, clients, supporters, or any other persons.

_____ As a Volunteer Group, providing quality client service should be your first priority at all times. Additionally, all volunteers are expected to conduct themselves in a professional manner at all times.

Signature: _____ Date: _____

Primary Contact Person