

Group Volunteer Application



Group Contact Information: Organization

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Facility Projects
 Events
 Working with Clients
 Fundraising
 Cooking and Serving Meals
 Volunteer Coordination
 Newsletter production/Media
 Other: _____

Commitment

Short Term Project:

- 2-4 hours
 1 Day
 Several Days

Long Term Project:

- Monthly
 Quarterly
 Annually

Comments:

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Group Information

Number of people
Age Group:
Reason for Volunteering
Names of Volunteers:

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Group Waiver/Confidentiality

We hereby agree to hold harmless and waive any and all claims or causes of action against Ours to Serve House of Hospitality, Inc DBA Village of Hope, including but not limited to claims arising out the negligence or intention conduct of its employees or agents. I attest that all members of the group are physically fit and prepared to perform the tasks assigned to them as VOH volunteers. Volunteers must not report to VOH under the influence of alcohol or any type of other mild altering drug/substance. Individuals convicted of a violent crime or sexual predator will not be accepted as volunteers. Dress is expected to be appropriate. Closed toed shoes are mandatory. Group members agree to use their personal insurance as the primary provider in the event of injury while volunteering for VOH. We grant VOH full permission to use photographs of us

Name (printed)	
Signature	
Date	

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. Please return to Village of Hope Office at 525 Mississippi Ave Bemidji, MN 56601 or Email to hennum@villageofhopebemidji.org Thank You for your interest in partnering with our organization to make a difference in the lives of families experiencing homelessness.