

Date:		
Name of group:	Number of participants:	
Leader's name:	Age range of participants:	
Group/Organization address:		
City / State:	Zip:	
Group Leader Phone:	Alternate Phone:	
Group Leader E-mail:		
Please check if you do not wish to be on our mailing list. <input type="checkbox"/>		
Interested in volunteering on an ongoing basis?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
How many hours or days are you looking to volunteer?	Hours:	Days:
Group Mission/Goal:		
Preferred Site(s) or Activity:		
Project idea and/or special skills:		

For Internal Documentation