



Group Volunteer Form

Name of Organization: _____

Organization Affiliation (Name of School): _____

Number Available:

- 18 and over _____
- 18 and younger _____
 - o We welcome volunteers who are 18 and under as long as they have chaperons.

Contact Person: _____

Address: _____

E-mail: _____ Phone: _____

Volunteer Interest: _____

Availability: _____

Additional Group Information: _____

Forms should be returned to our Volunteer Coordinator, Heather Hymes, as soon as possible.

E-mail: heatherh@allenneighborhoodcenter.org

Phone: (517) 999-3919

Fax: (517) 367-0158

Drop Off or Mail: 1619 E. Kalamazoo Lansing, MI 48912

For Office Use Only

Volunteer Program: _____

Scheduled Visit: _____

Number of Participants: _____ Number of Chaperons (if applicable): _____

Additional Information: _____

