

Application for Group Volunteer Event



Date of Application _____

Name of organization _____

Brief description of organization's activities and goals _____

Desired volunteer activity _____

(If open to suggestions, please leave blank. Some volunteer work requires training)

Contact person _____ Best ph # _____ Alt ph # _____

Email _____ Fax # _____

Address _____

Number in proposed group _____ Age(s) if under 18 _____

If under 16, how many adults accompanying? _____ Included in number above? Y / N

Any physical limitations or special needs? Y / N If yes, please briefly describe _____

Date or range of dates for proposed event _____

Morning _____ Afternoon _____ Weekday _____ Weekend _____ Any _____

I understand that while The Animal Foundation is always grateful for offers of help, it may not be possible to accommodate the group, based on current needs, scheduling, age appropriateness, and safety concerns.

Contact person signature _____