



Group Volunteer Form

Name of Organization _____

Organization Affiliation
(i.e. Name of School) _____

Number Available: **Younger than 18 years of age:** _____

Older than 18 years of age: _____

Contact Information

Name: _____

Phone: _____

Address: _____

Areas of Interest:

Availability: _____

Additional Group Information:

Once you have completed this form, please submit it to Volunteer Coordinator, Kat Logan. You may do so by scanning the document and emailing it to volunteer@allenneighborhoodcenter.org, or submitting it in person/via the mail to the center.