

Group Engagement Application

Working with youth today means a brighter future for everyone

Contact Information	Date:
Name of Organization:	
Name:	Title:
Cell:	Email:
Address:	
City, State, ZIP:	
Social media handles, we'd like to share your experience:	
Group Experience Details	
Approximate # in Group Has your group volunt	eered with us before?
Preferred Dates: (choose 3) 1. 2.	3.
How many hours are you looking to volunteer? (Choose one) ☐ 2-3 hours ☐ 3-4 hours ☐ 5 or more	
Clubs are not regularly open on weekends unless for special events.	
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What goals/expectations does your group have for their experience at the Club?	
Do you have an idea for a project? Please describe.	
Does your group have a budget to pay for supplies and/or food related to the volunteer experience?	
☐ Group will purchase food/supplies ☐ C	lub will receive funds in advance to purchase

Please submit to