



St. Francis
HOUSE
Compassion. Shelter. Opportunity.



Group Volunteer Application

Group Name _____ Date _____

Group Contact _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____ Work Phone _____

List any special skills or talents: _____

Project idea and times available _____

Emergency Contact _____ Phone _____

Please circle area(s) you would like to volunteer. Kitchen Administration Special Events Handyman
Food Donation Services

Please provide any additional information or expertise that your group can provide _____

I certify that the information I have provided in this application is correct to the best of my knowledge.

Signature _____ Date _____

Office Use only: Interview _____ Start Date _____

