



# GROUP VOLUNTEER FORM

*We appreciate your interest in volunteering with our organization. To ensure a safe and enriching experience for both our volunteers and the children we serve, we kindly request that your group representative complete this form.*

**Date** \_\_\_\_\_

**Group Information/Organization Name** \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Contact Phone** \_\_\_\_\_

**Contact Email** \_\_\_\_\_ **How many volunteers are in your group?** \_\_\_\_\_

**How soon are you looking to volunteer?** \_\_\_\_\_

(Please note that BCDI-G will need 30 days from date of approval to schedule your event)

Are you requesting a  one time event or  multiple day event?

**What is the name and purpose of your group or organization?**

**Can you provide an overview of the specific project or program that your group would like to be involved in with our children?**

**Are there any specific skills, talents, or resources that your group can bring to benefit our children or program?**

**Are there any specific goals or outcomes that your group hopes to achieve by volunteering with our organization and working with our children?**



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## ***For Office Use Only***

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Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

Event Date(s): \_\_\_\_\_

Event Notes: