



## VOLUNTEER GROUP INFORMATION FORM

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Point of Contact Name:** \_\_\_\_\_

**POC Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Approximate Number in Group:** \_\_\_\_\_

**Group Skills (painting, carpentry, roofing, etc):** \_\_\_\_\_

\_\_\_\_\_

**Preferred Type of Project (yard work, painting, construction):** \_\_\_\_\_

\_\_\_\_\_

**Preferred Location of Work (Manhattan, Ogden, etc):** \_\_\_\_\_

\_\_\_\_\_

**Preferred Dates and Times:** \_\_\_\_\_