



Group Volunteer Application

Organization/Group Name: _____

Number of People in Group: _____

Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

How did you hear about The Gathering Inn? _____

Please identify group's objectives to serve: _____

What service(s) will be offered to our guests? _____

Is there a specific program or location you would prefer to volunteer at?

For One Time Service

Availability (Dates & Times): _____

For On Going Service

Availability (Dates & Times): _____
