



Group Volunteer Application

Group Leader's Name _____ Date _____

Organization/School _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Emergency Contact for Group

Name _____ Phone _____ Relationship _____

Group Volunteering Task _____

I, _____, hereby take responsibility for my group _____
Group Leader Organization/ School

_____ volunteering at St. Vincent's. I understand I am responsible for their actions while volunteering at St. Vincent's. I understand a volunteer position is not an employment position; I am not entitled to any compensation or benefits of regular employment; and my volunteer status in no way assures me of future employment at St. Vincent's.

Group Leader's Signature

Date

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