

Union Station Homeless Services
GROUP VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Union Station Homeless Services. We need your energy, skills, and passion. Please read and fill out the first side of this application.

GROUP INFORMATION

Group Name: _____

Sponsoring Organization: _____

Organization Address: _____ City: _____ Zip: _____

Organization Telephone: (_____) _____ Name of paid staff person coordinating this group: _____

E-mail Address: _____ # of years this group has volunteered at Union Station (if applicable): _____

GROUP LEADER CONTACT INFORMATION

Mr.____ Mrs.____ Ms.____ Other Title _____ Today's Date: ____/____/____

First Name: _____ Last Name: _____

Home Address: _____ City: _____ Zip: _____

Home Telephone: (_____) _____ Date of Birth _____
month day year

Work Telephone: (_____) _____ Are you under 18 years old?
 Yes No

Mobil Telephone: (_____) _____ Type of Work/School: _____

E-mail Address: _____ Employer/School: _____

In order to publicly thank our volunteer groups, Union Station sometimes prints their group names (no other information) in newsletters or other publications. Please check this box if you would NOT like to be recognized in this way.

BACKGROUND INFORMATION

Please describe the main function of your group: _____

What is your current health condition?

Excellent Good Okay Poor Explain _____

EMERGENCY INFORMATION

In case of an emergency, whom may we contact? _____

(_____) _____
Phone Number Relationship to Group

UNION STATION GROUP VOLUNTEER PLAN

Please fill this section out with a member of Union Station's Community and Volunteer Programs Department

___ **Adopt-A-Meal**

Location: 412 Family Center Meal: Breakfast Lunch Dinner

Day _____ Week Number _____ (even or odd)

___ **Adopt-A-Lunch**

Day _____ Week Number _____ (even or odd)

Lunches will be prepared: Off-Site On Site Time: ____:____ p.m.

___ **Other Group Volunteer Project**

Schedule _____

Description: _____

Notes: _____
