



GROUP VolunteerApplication

Group Leader's Name _____ Date _____

Organization / School _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Emergency Contact For Group

Name _____ Phone _____

Relationship _____

Group Volunteering Task _____

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

Group Leader's Signature _____ Date _____