



Group Volunteer Application

Application Date _____
Volunteer Position(s) Sought _____
Name of Group _____
Group Address _____
Phone# _____ Email _____

Group Leader/Contact

Name _____
Phone # _____ Email _____
May the Group Leader/Contact be contacted for Emergency Contact and Medical information for any and all group members while volunteering for Douglass Community Services, Inc.?
No Yes If no, please provide a contact person for Emergency and Medical Information:
Name _____ Phone# _____

Does your group perform background screenings for group members? No Yes
If so, to what type of background screenings are performed? _____

If no, would your group members be willing to submit a release enabling Douglass Community Services, Inc. to perform a background check if deemed necessary? No Yes

Would you like us to keep your group informed of upcoming Douglass Community Service Events? No Yes

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Douglass Community Services, Inc. that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Douglass Community Services, Inc. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Douglass Community Services, Inc. or my termination as a volunteer.

Signature _____ Date _____