



## Group Volunteer Application

Date:

### GROUP CONTACT INFORMATION

Name of Organization/Group Leader:		
Address of Organization/Group Leader:		
Street	City	State, Zip Code
Organization's/Leader's E-mail Address:		
Organization's/Group Leader's Phone Number:		

### GROUP INFORMATION

When would your group like to volunteer? For how long?
Would your group like to volunteer on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No
What would your group like to do at Willow?
Do you need materials or supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what?

**CONTACT INFORMATION (FOR EACH PARTICIPANT, USE ADDITIONAL SHEETS IF NECESSARY)**

<b>Participant 1</b>		
<b>Name:</b>	<b>Phone Number:</b>	
<b>Address:</b>		
Street	City	State, Zip Code
<b>E-mail address:</b>		
<b>Participant 2</b>		
<b>Name:</b>	<b>Phone Number:</b>	
<b>Address:</b>		
Street	City	State, Zip Code
<b>E-mail address:</b>		
<b>Participant 3</b>		
<b>Name:</b>	<b>Phone Number:</b>	
<b>Address:</b>		
Street	City	State, Zip Code
<b>E-mail address:</b>		
<b>Participant 4</b>		
<b>Name:</b>	<b>Phone Number:</b>	
<b>Address:</b>		
Street	City	State, Zip Code
<b>E-mail address:</b>		
<b>Participant 5</b>		
<b>Name:</b>	<b>Phone Number:</b>	
<b>Address:</b>		
Street	City	State, Zip Code
<b>E-mail address:</b>		

**QUESTIONNAIRE**

<b>Why are you interested in group volunteering at Willow?</b>
<b>Has your group volunteered before? If so, at what agency and what did you do?</b>
<b>What is your familiarity and/or comfort level with domestic abuse survivors?</b>
<b>Do you have concerns about volunteering at Willow?</b>
<b>Do any of your group members have any restrictions or limitations?</b>
<b>Has any member of your group been convicted of a felony or charged with assault/abuse/neglect?</b>  <b>If so, please explain.</b>

**Filling out this application it does not guarantee that you will be able to volunteer position at Willow Domestic Violence Center.**

Please email the completed form to [volunteer@willowcenterny.org](mailto:volunteer@willowcenterny.org)

Or, mail the form to:

Willow Domestic Violence Center

P.O. Box 39601

Rochester, NY 14604-9601

Thank you for your time, we will consider your application carefully.

*Willow Domestic Violence Center is an equal opportunity employer and does not discriminate against volunteers with regard to race, color, religion, sex, age, national origin, marital status, disability, or any other unlawful bias.*