



Group Volunteer Application

Group/Organization Name: _____ Date: _____

Address: _____

Group/Organization Website: _____

Primary Contact Name: _____ Primary Contact Title: _____

Primary Contact E-mail: _____ Primary Contact Phone: _____

Reason for volunteering:

- Employer-supported volunteer program
- Group volunteer opportunity
- School-supported volunteer program

Frequency of volunteering:

- One-time only
- Occasionally
- Regularly

How many people are in your group? _____ Is your group available for weekend events? Yes No

Group age range:

- Adults
- Teens (we request a 1:5 ratio of adults to teens for in-person youth/scouts volunteering)
- Retirees

Is your group fluent in any other languages? If yes, which? _____

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday
9am-11am	<input type="checkbox"/>	9am-11am <input type="checkbox"/>	9am-11am <input type="checkbox"/>	9am-11am <input type="checkbox"/>	9am-11am <input type="checkbox"/>
11am-1pm	<input type="checkbox"/>	11am-1pm <input type="checkbox"/>	11am-1pm <input type="checkbox"/>	11am-1pm <input type="checkbox"/>	11am-1pm <input type="checkbox"/>
1pm-3pm	<input type="checkbox"/>	1pm-3pm <input type="checkbox"/>	1pm-3pm <input type="checkbox"/>	1pm-3pm <input type="checkbox"/>	1pm-3pm <input type="checkbox"/>
3pm-5pm	<input type="checkbox"/>	3pm-5pm <input type="checkbox"/>	3pm-5pm <input type="checkbox"/>	3pm-5pm <input type="checkbox"/>	3pm-5pm <input type="checkbox"/>
Evenings	<input type="checkbox"/>	Evenings <input type="checkbox"/>	Evenings <input type="checkbox"/>	Evenings <input type="checkbox"/>	Evenings <input type="checkbox"/>
Not Available	<input type="checkbox"/>	Not Available <input type="checkbox"/>	Not Available <input type="checkbox"/>	Not Available <input type="checkbox"/>	Not Available <input type="checkbox"/>

Our House is open weekdays 9am to 3pm (Fridays we close by noon).

Virtual/at-home opportunities can be performed whenever is convenient for you and your group.

Has the group volunteered for other agencies or organizations in the past? If yes, for who?

What existing volunteer opportunities are you interested in?

At-home denotes volunteer opportunities that are done off-site or virtually then dropped off at the house.

- | | | |
|---|---|---|
| <input type="checkbox"/> Seasonal Outdoors (Spring/Fall clean-up) | <input type="checkbox"/> Cleaning/Organizing | <input type="checkbox"/> Seasonal Gardening |
| <input type="checkbox"/> Donation Drive | <input type="checkbox"/> Chef's Night (at-home) | |
| <input type="checkbox"/> Welcome Gift Baskets (at-home) | <input type="checkbox"/> Decorations (at-home) | |
| <input type="checkbox"/> Special Events/Fundraisers | <input type="checkbox"/> Snack Prep (at-home) | |
| <input type="checkbox"/> Writing: Greeting Cards/Notes (at-home) | | |

How did you learn about Cancer Care Of NCW/Our House? _____

Do you have any questions or is there anything else you would like us to know?

Submit completed application packets to:

Print & Mail-in

Group Volunteer Application
c/o Becky Elwell
1708 Castlerock Ave
Wenatchee, WA 98801

E-mail

becky@cancercarencw.com

You should hear back from us within 3 business days

We will e-mail you any necessary forms