Shelter House
Community Shelter & Transition Services

Shelter House Volunteer Coordinator

429 Southgate Avenue
Iowa City, IA 52240

GROUP VOLUNTEER APPLICATION

Applicant: Print clearly and return the completed form to the Volunteer Coordinator. Incomplete forms will not be considered. If you need additional room to complete the application, please continue on the back of this application or on an additional piece of paper. Thank you!

ORGANIZATION INFORMATION:	
Group Name:	Today's Date:

PRIMARY CONTACT INFORMATION:			
First Name:	Middle Initial:	Last Name:	Email:
Address:			City:
State:		Postal Zip Code:	Telephone Number: ( )

Members: Please list all persons who wish to participate in the volunteer activity starting with yourself. All persons date of birth is required for our background check.

GROUP NAME:	***D.O.B.:***

NAME	***D.O.B.:***

Check which activities you would be interested in.

❑ Activity Night Host	❑ Adopt-a-family	❑ Clean-up Days
❑ Fundraising Events (gala, phone-a-thon, book sale)	❑ Organize/Create Own Fundraising	❑ _____

Date

Signature of Applicant

Thank you for completing the volunteer application! Please remit the completed application to the Volunteer Coordinator at Shelter House. To submit this application, fax to (319) 358-7132, mail to 429 Southgate Avenue, Iowa City, IA 52240.