



Volunteer Group Project

Organization (business, church youth group, etc)

Organization Name		
Street Address		
Contact Person/Title		
Phone Numbers	Organization #	Contact's Cell#

Group Information

List any specific date and/or time you want to do the group project? _____

Estimated # in Group: _____ *please give us an estimated number

For Youth: Age of youth in group _____ # of Chaperones Attending _____

Type of Group:

Business Church School/Daycare
 Youth Group Small Group Other, please list: _____

Interests

Tell us small group opportunities you are interested in learning more about

Food Distributions
 Community Garden
 Care Kits (Food Day Packs, Toiletry Bags)
 Neighbors in Need Project (lawn care, home repairs)
 Deliveries
 Building Beautification (painting, lawn care, cleaning, etc)
 Host a Food Drive
 Other, please list: _____

Please tell us about your group and what you hope to gain from your experience:

We want to know more about you & your expectations, so we can connect you with the best service opportunity within our ministry.

We want to know more:

Is your group able to contribute to the cost of the project (ex. Care Kit Supplies)? Yes No

Are you interested in a: A one-time service opportunity or A recurring service opportunity

Our Vision "Thriving Neighbors & Neighborhoods"

Our Mission "Building Relationships through Service to Shine Christ's Love and Hope in our community."

Our Values Christ's Love, Encouraging Relationship, Gospel Hope