



Hope Gospel Mission

GROUP VOLUNTEER APPLICATION FORM

Mail completed forms to:
HGM Volunteer Department
P.O. Box 1127, Eau Claire, WI 54702
Call 715-552-5566 with questions.

Name or type of group: _____

As you begin to plan your volunteer outing with Hope Gospel Mission, you will need to choose an individual from your group who is willing to be your Group Coordinator. The responsibilities of the Group Coordinator include arranging project dates and times, contacting HGM's Volunteer Coordinator, keeping all participants informed by meeting with your group before your volunteer outing, and participating in the volunteer project with your group.

Group Coordinator: _____
Name Phone

_____ Mailing Address City Zip Code

_____ Email

Proposed date(s) of project(s): _____

Proposed type(s) of project(s): _____

Number of people in group: _____ Age range: _____

(HGM policy: All individuals under the age of 18 must have adult chaperone with them during onsite volunteer activities. One adult is needed for every five individuals under the age of 18.)

List any prior volunteer experience your group has done together: _____

Why does your group want to volunteer at HGM? _____

Please check which area(s) your group is interested in volunteering:

- Men's Shelter
- Ruth House Women's Shelter
- Bargain Center
- No Preference: Will volunteer where needed most
- Other: _____

I hereby state that all information I have supplied on this application is true to the best of my knowledge. **I have read the HGM Volunteer Statement and Rights and Responsibilities sheet and on behalf of my group agree to conduct ourselves according to it.**

_____ Signature Date

For office use only

Contacted Date: _____ Placement: RH MS BC EC AS Other

Activity: _____

Sent to: _____