



HOME Program Group Volunteer Form

SCSvolunteer@seniorcommunity.org

952-767-7894

Group Name _____
Please include department if applicable

Group Leader _____

Address _____
Street City State Zipcode

Email Address _____ Phone Number _____

Assistant or Backup Leader's Name _____ Phone Number _____

Please include a cell phone number we can reach you at the day of the event _____

Total Number of volunteers _____
Larger groups may be split up into smaller teams of 4-7 to help as many seniors as possible

Number of youth volunteers and their ages _____
If your group is a youth oriented group, please provide an age range

We welcome youth volunteers, but please note that youth volunteers must be 7 years old or older and anyone under 16 must be accompanied by a parent or guardian. We also ask that youth volunteers under 18 have a parent or guardian sign our Youth Volunteer Waiver. Thanks!

Date(s) our group would like to volunteer _____
You pick the day that works best for your group!

Time our group would like to volunteer _____
Please allow for a minimum of two hours (but three or more is ideal!)

Back up date (in case of inclement weather) _____

City/Cities or area our group would like to volunteer _____

Our group is interested in volunteering for:

- _____ Raking
- _____ Yard Cleanup (raking, sweeping, weeding, trim bushes, removing yard debris, etc.)
- _____ Window Washing
- _____ Painting _____ Yes, we could buy paint/brushes for the project (optional)

Are you able to bring your own supplies/tools? _____

Are adult group members able to use a 6-8' ladder? _____
(If yes) Is your group able to bring a ladder? _____