



Volunteer Application Group

(for leaders of volunteer groups performing occasional services)

Group Leader Information

Name _____

Address _____ City _____

Postal Code _____ Email _____

Home Phone _____ Cell phone _____

Group/Organization's Name _____

Group/Organization's Address _____

Group/Organization's contact info _____

Activity Information

What is it that your group would like to do for Ray of Hope?

When is your group wanting/planning to volunteer?

How many do you anticipate will be in your group? age 14-17 _____ age 18+ _____

Group Leader Agreement

I hereby apply to Ray of Hope for my group to serve as a volunteer team as specified above. I certify that all of the information provided by me on this form is accurate and true. I understand that the act of applying does not guarantee a position and that Ray of Hope reserves the right to decline any application for any reason. I agree to assume and accept all liability and responsibility for the actions of all the individual members of my group during their scheduled activity at and/or on behalf of Ray of Hope. I will ensure that this group conforms to the policies, procedures and practices for volunteers as set out in the ROH Volunteer Handbook. In addition, I certify that I will maintain a list of the personal contact information and emergency notification data for all members of my group.

Name (print) _____ Date _____

Signature _____

Note: Personal information on this form is collected under the authority of PIPEDA and will be used to maintain volunteer records, to make placements and to compile a mailing list for newsletters.

**Questions regarding this collection should be forwarded to the Manager of Volunteer Services,
230-659 King Street East, Kitchener, ON N2G 2M4. (519) 578-8018 x225**