HARVEST HANDS Ending hunger. Nourishing hope.

Group Volunteer Application Form

HarvestHands.ca

(800) 439-1898

Group Leader Information:					
NAME		DATE			
ADDRESS					
CITY PROV			POSTAL CODE		
PHONE		MOBILE			
START DATE/TIME <u>required</u>:		EMAIL	EMAIL		
EMERGENCY CONTACT NAME, NUMBER, RELATIO	NSHIP:				
Group Information:					
GROUP'S NAME		GROUP'S PHONE	GROUP'S PHONE NUMBER		
HOW MANY VOLUNTEERS		AGE RANGE	AGE RANGE		
GROUP LEADERS NAME AND CONTACT INFORMATION					
PLEASE CHECK WHAT TYPE OF ORGANIZATION BEST DESCRIBES YOUR GROUP	Fratenal Social Military	Scouting School Business	Civic Religious Goverment	Non-Profit	
GROUP'S MISSION					
Group's strengths/skills:					

Please list as many dates and times that you will be able to volunteer: