



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 REQUIRED:	EMAIL	
EMERGENCY CONTACT NAME, NUMBER, RELATIONSHIP:		

Group Information:

GROUP'S NAME	GROUP'S PHONE NUMBER			
HOW MANY VOLUNTEERS	AGE RANGE			
GROUP LEADERS NAME AND CONTACT INFORMATION				
PLEASE CHECK WHAT TYPE OF ORGANIZATION BEST DESCRIBES YOUR GROUP	Fraternal Social Military	Scouting School Business	Civic Religious Government	Non-Profit
GROUP'S MISSION				

Group's strengths/skills:

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

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