



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:

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

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