

Huntington City Mission

Group Volunteer Application

624 10th Street

Huntington, WV 25701

Date _____

Type of Group (please circle) Youth Adult College or other: _____

Group _____

Group Address _____
(Street) (City) (State) (Zip)

Group Leader's Name _____

Address _____
(Street) (City) (State) (Zip)

Phone (day) _____ Phone (eve) _____ Email address: _____

Church or organization name/address and Email address

How did you hear about the Mission? _____

Has this group volunteered with HCM before? Yes No (Circle one) what department? _____

In what program area of the mission would you like to work? _____

What days and hours are you available? _____

Group size (be as accurate and honest as possible) _____

How many males? _____ How many females? _____ Approximate age range _____

We understand that as volunteers we are subject to the policies of the Huntington City Mission. General policies include, but are not limited to: Confidentiality of Guest Information, Drug Free Workplace, and Dress Code. We also understand that as volunteers, we are not due any compensation for labor, but are expected to act in a professional manner and behave respectfully towards other volunteers, staff and guests of the Huntington City Mission. We hereby release Huntington City Mission, its Board of Directors, employees and other volunteers workers from any and liability that might arise by virtue of all personal injury, property damage or other damage that might result from the use of said facility.

Group Leader's Signature

Date

Volunteer Coordinator (staff) Signature

Date