



**Huntington
City Mission**

— WHERE HOPE BEGINS —

Group Volunteer Application

Please return the application to:
Fax: 304-523-0342, Email: jdowell@hcmwv.org

Please allow 2-3 business days for application process.

Date _____

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

Group Name _____

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

Group Leader's Name _____

Contact Number: _____ Email address: _____

How did you hear about the Mission? _____

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

In which department of the mission would you like to volunteer? Or do you have a program /activity you would like to host?

We are available: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___ Sun.
___ Mornings ___ Afternoons ___ Evenings Any specific hours/days? _____

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

Office use only: Reviewed by: _____ Date: _____