Group Volunteer Information Sheet

Date: ______________________

Group/Organization Name:

Mailing Address: City/State/Zip

Email Address, if applicable: Phone Number, if applicable:

Type of organization:

How often would you like to volunteer? □ One-time □ Weekly □ Monthly □ Other: _______________________

Total number of participants: ______________________________

If applicable, note the number of volunteers under the age of 18: Ages 13-17 □ Ages 8-12 □ Ages 7 and under □

Do any members of your group have conditions that would limit their ability to perform certain duties? □ No □ Yes, please explain: ________________________________

If group is larger than 12, can group split into smaller groups? □ No □ Yes

If service projects need additional funds beyond our budget, would you be able to donate funds or items? □ No □ Yes

If yes, approximate amount: _________________________

Is there a specific date(s) and time(s) you wish to volunteer? □ No □ Yes, when? _________________________

Please select the days and times group is available to volunteer:

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<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<th>Saturday</th>
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<td>Morning (8am-noon)</td>
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<td>Afternoon (12-4pm)</td>
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<td>Evening (4-8pm)</td>
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Is there a particular area or project you would like to volunteer with? _____________________________________________________

Contact person name: Email address: Phone number:

I understand that this application is for and not a commitment of a volunteer opportunity. As the signee, I also understand that a signed waiver and release from liability is required of all participants prior to or at the time of service.

X ___________________________________________ Date _____________________________

Forms can be turned in by email, ground mail or by dropping them off in the Visitors Center at: volunteers@dawesarb.org | 7770 Jackstown Road, Newark OH 43056