



GROUP VOLUNTEER APPLICATION

Group/Organization Name

Contact Name

Contact Email

Cell Number

Total Number of Volunteers

Are all group members at least 16 years of age? (If not, member must be accompanied by an adult.
One adult to every ten minors)

How did you hear about our Group Volunteer Program?

What are the group's reasons for wanting to participate as a Peace Learning Center volunteer?

Please give a date and time your group would like to volunteer:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Please tell us a little about your group:

Peace Learning Center reserves the right to make any checks deemed appropriate. All information obtained will be held in the strictest confidence.

Applicant Signature

Date