



Perry
Lutheran
Home

Group Volunteer Form

Date: _____

Name of Organization: _____

Contact Person: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Email Address: _____ Web Address: _____

Type of Organization: _____

How did you hear about us? _____

When would you like to volunteer? _____

Day(s) of the week _____ Time you will arrive: _____ Time you will depart: _____

How many in your volunteer group? _____

Please provide any information you feel is important regarding the time you will be spending as a group in our community?

Please state any special set up you will require, including tables, chairs, supplies?
