



CITY OF TUKWILA

Volunteer Program

12424 42nd Avenue South, Tukwila, WA 98168

206-768-2822

GROUP VOLUNTEER APPLICATION

Name of Group:	Date:
Group is made up of individuals: <input type="checkbox"/> Over the age of 18 <input type="checkbox"/> Under the age of 18 <input type="checkbox"/> Both	Anticipated number of volunteers in the group: Please note: Group size may need to be adjusted based upon available projects.
Name of group supervisor/coordinator:	Home phone:
Address of coordinator:	Work phone:
City/State/Zip	Email

Do any members of the group have any physical conditions which need to be taken into consideration in arranging volunteer assignments for you? Yes No

If "Yes", please explain:

PREVIOUS VOLUNTEER EXPERIENCE

What services were performed?	
Where did this take place?	
Why is your group volunteering?	

AVAILABILITY

Please note: Scheduling of group projects is based on staff availability. A minimum 2 weeks lead time is required.

Preferred Date (1st Choice) _____ (2nd Choice) _____

Preferred Start Time _____ Preferred End Time _____

INTEREST AREA

Is there a particular area of interest? (Check all that apply)

- Seniors Adults Teens/Youth Mentor/Tutor Emergency Support Environmental Projects
 Special Events Other _____

Authorized signature of representative for group:	Date:
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