



GROUP VOLUNTEER REQUEST FORM

GROUP NAME: _____

MAILING ADDRESS: _____ PHONE: _____
Street City State Zip

GROUP TYPE: Civic Group Community Corporation Faith-Based Other: _____

GROUP LEADER: _____ CONTACT PHONE: _____

EMAIL: _____

SECONDARY LEADER: _____ CONTACT PHONE: _____

EMAIL: _____

Have you previously been involved with Jonathan's Place? YES NO If yes, last visit (mm/yy): _____

EMERGENCY SHELTER	GIRLS TREATMENT PROGRAM
Breakfast: 8:00 am, Lunch: 11:00 am, Dinner: 5:00 pm	Breakfast: 8:00 am, Lunch: 11:30 pm, Dinner: 5:30 pm
Weekdays: 4:30 pm - 6:30 pm	Weekdays: 4:30 pm - 6:30 pm
Weekends: 9:00 am - 12:00 pm 3:00 pm - 6:30 pm	Weekends: 9:00 am - 1:00 pm 3:00 pm - 6:30 pm

PROPOSED DATE & TIME OF PROJECT: _____ NUMBER OF VOLUNTEERS: _____

JP PROGRAM(S) INVOLVED: Emergency Shelter Girls Treatment Program Foster Program*

*Inclusion of Foster Program will require 8 weeks advanced notice

PROPOSED PROJECT ACTIVITIES: _____

PROPOSED FOOD, SNACK, & DRINKS (if applicable): _____

I understand that photos are NOT to be taken of children. Initial: _____

I understand that volunteers under the age of 18 are not allowed. Initial: _____

I understand that all food must be from a commercial or restaurant kitchen, and project supplies necessary to make your volunteer event successful must be brought by group leaders. (ex. arts & crafts materials, food, snacks, plates, cutlery, etc.) Initial: _____

Please contact Landon Cole with any questions at lc@kidnet.org or 972-303-5303 x248

OFFICE USE ONLY

Approved: YES NO Approved by: _____ Date Confirmed: YES NO Food Confirmed: YES NO