



Volunteer Value Group Application

To be completed by group leader or authorized representative of group.

Date : \_\_\_\_\_

Group Name (Print): \_\_\_\_\_

Group Type (Select One):

- Non-Profit Organization, Service Organization, Club, Community Group, Team, Other

Your Name (Print): \_\_\_\_\_

Your Title/Role in Group: \_\_\_\_\_

Group Address: \_\_\_\_\_ (address) (City) (Zip)

Group Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Cell Landline

I verify that I have read the Volunteer Value Program Guidelines and that our participating members will review and abide by them.

Signature: \_\_\_\_\_

This section to be completed by City Volunteer Coordinator or Authorized City Staff.

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Group is: Approved for Volunteer Value Program NOT Approved for Volunteer Value Program

Notes: