



GROUP VOLUNTEER APPLICATION

Please fill out and return by fax: 480-649-3167
Email: volunteer@turnanewleaf.org or btalty@turnanewleaf.org
or by mail to A New Leaf, Attention Volunteer Manager
868 E University Drive, Mesa, AZ 85203

Group Name _____ Today's Date _____
Address _____ City _____ State ____ Zip _____
Phone _____ Email _____
Contact Name _____ Title _____
Phone _____ Email _____
Other Contact for Emergencies _____ Phone _____

****Please notify us with updated information if your group contact changes**

Current Volunteer Activities _____

Areas of Interest/Special Skills _____

History of Group, Affiliations & Involvement _____

Approximate # of members _____ Anticipated # of participants per event _____

Food Handler's Cards? Yes No Willing to obtain? Yes No

Fingerprint Clearance Cards? Yes No Willing to obtain? Yes No

Any in group Bilingual? Yes No If yes, what language(s) do you speak? _____

Any medical/special needs? Yes No If yes, explain _____

Availability (months, days of week, times) _____

PREFERRED LOCATION

- East Valley (Mesa, Tempe, Chandler, Scottsdale)
- West Valley (Glendale, Peoria, Avondale, Sun City, Sun City West, Surprise)

Office Use Only Referred to: _____ <input type="checkbox"/> emailed <input type="checkbox"/> faxed By: _____ Date: _____
