



iVolunteer Offline/Walk-In GROUP PRE-REGISTRATION

Please PRINT CLEARLY – Return form(s) upon GROUP WALK-IN Date

FIRST NAME _____

LAST NAME _____

Primary Contact **PHONE** _____

EMAIL _____

Address _____

City _____

Postal Code _____

Church Affiliation _____

Organization Affiliation _____

Date of service: _____

Total Hours of service: _____

GROUP AFFILITATION **ORGANIZATION**

GROUP AFFILITATION **CONTACT / LEADER NAME**

(NOTE: A confidentiality form will also need to be signed upon arrival by each individual volunteering.)