



ZEBRA[®]

COALITION

Volunteer Group Request

Organization Information

Organization: _____

Contact: _____

Contact Number: _____

Contact E-mail: _____

Address: _____

Volunteer Group Interest

- Event _____
 Cleaning/Organizing
 Maintenance
 Other _____

Volunteer Group Information

Date/Time Request (1) _____

Date/Time Request (2) _____

Group Size _____

Previous Volunteer YES NO

Please describe your group activity.

Additional Information

Office Use Only

Date Assigned _____

Staff Member Assigned _____

Supplies Required _____

Event Date _____

of Volunteer Participants _____

of Volunteer Hours _____