



Lakewood

Full of Possibilities.

GROUP VOLUNTEER APPLICATION

Group/Organization Name: _____

Lead Contact Name: _____ Date: _____

Street Address: _____ Apt: _____ City: _____ Zip: _____

Office Phone: _____ Lead Contact Cell Phone: _____

E-mail: _____

Number of Participants: _____ Age of Participants (kids, youth, adults, seniors): _____

PROJECT INTERESTS

If you have any preference it type of project please list those below. Examples are indoors, sitting, outdoors, picking up trash, etc.

- 1.
- 2.
- 3.

When is your group available to volunteer?

DAY	M	T	W	TH	F	SAT	SUN
DATE							
TIME							

How did you hear about us?

Does your group have a budget available for this project?

Does your group have special skills or interests that you would like to incorporate into your volunteer activity?

Are there any physical, age or other limitations that we should consider when assigning a project to your group?

City of Lakewood Programs are available to eligible people regardless of race, ethnicity, national origin, sexual orientation, or disability.

Please mail, email, or fax this completed application to:

Jean Engstrom
Volunteer Coordinator
City of Lakewood
1580 Yarrow Street
Lakewood, CO 80214
JeaEng@lakewood.org

Fax: 303-987-4841