



**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): \_\_\_\_\_

**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:**

Volunteer Coordinator  
City of Lakewood  
801 S. Yarrow St.  
Lakewood, CO 80226  
volunteer@lakewood.org

Fax: 303-987-7050