

**GROUP VOLUNTEER APPLICATION
FOR SCHOOLS OR OTHER GROUPS**

LANCASTER TOWNSHIP BOARD OF SUPERVISORS
1240 MAPLE AVENUE | LANCASTER, PA 17603

Along with this Group Volunteer Application, an Individual Form for each person who will be volunteering is required. The group application and individual forms should be submitted in one packet.

CONTACT INFORMATION:

Name of School or Other Group			
Address			
City/State/ZipCode			
Person in Charge of Group			
Home Phone		Cell Phone	
Email			

# of People Volunteering		<i># Over 18:</i>		<i># Under 18:</i>	
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Describe what type of work the group is interested in volunteering for:

AVAILABILITY:

Weekdays:	MON	TUES	WED	THURS	FRI
Weekends:	SAT	SUN			
Time of Day:	MORNINGS	AFTERNOONS		EVENINGS	
How many hours would you like?					

SPECIAL REQUESTS:

Signature of Person in Charge

Date