



Columbia Association

Project: Columbia Cleans Day

Date:

Job Description Attached ☐

GROUP VOLUNTEER APPLICATION AND AGREEMENT

Please Print/Type all information

Project: Columbia Cleans Day Today's Date: _____

Contact Person: _____

Home Address: _____

City/State/Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-mail: _____

Best way to contact you: ☐ Daytime Phone ☐ Evening Phone ☐ E-mail

Personal Information: ☐ I am 18 or older Date of Birth (month & date only – optional) _____

Alternative Contact Information ~ Name: _____

Phone Number: _____

Please list any information that you consider pertinent to your group's interest in volunteering; including professional affiliations, skills, strengths, training and /or experience:

On the reverse side of this form, please list the names of all participants involved.

(OVER)

