



Group Volunteer Registration

Date _____

Company/Group Name _____

City/State/Zip Code: _____

Contact Person _____

Phone _____

E-mail Address _____

How would you like to be contacted? e-mail phone

When is your group available to volunteer? _____

*What type of project would you like? _____

*How many volunteers? _____

*How many hours? _____

Does your company/group have a contribution match? _____

Would you like to be contacted about future volunteer opportunities? Yes No

Would you like to receive mailings about Catholic Charities and our programs? Yes No

**to better match your group fill in to the best of your knowledge*

FOR INTERNAL USE:

Completed by: _____

Placed: : _____