Volunteer Group Interest Form

Name of group, business or organization: ________________________________

Approximate number of people in group: ________________________________

Will any youth under the age of 18 be attending?  Yes  No
If yes, how many? __________________________________________
How many adult supervisors will be present? ________________________

Date and Time Desired (Please list top three choices):

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<th>Month</th>
<th>Day</th>
<th>Start and End Time AM/PM</th>
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Have you volunteered with El Centro de la Raza before?  No  Yes
If yes, when? __________________________________________
What kind of volunteer work did you do? ________________________

What is your work interest? What do you hope to accomplish?

Person to Contact
Name: __________________________________________
Phone: ________________________________
E-mail: ________________________________

Please return this group application to: volunteer@elcentrodelaraza.org or
El Centro de la Raza
Attn: Volunteer Coordinator
2524 16th Ave South Room 304
Seattle, WA 98144

Office Use Only
☐ Approved
☐ Confirmed date and time ______________________
☐ Placement/Project ____________________________
☐ Staff/Supervisor ______________________________
☐ Waiver forms collected _______________________
☐ Hours entered into database ____________________