



## GROUP VOLUNTEER APPLICATION

### CONTACT INFORMATION

Company/Group Name: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

How do you prefer we contact you? \_\_\_\_\_

### PROJECT INFORMATION

Dates: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Times: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Frequency:  One Time  Weekly  Monthly  Quarterly  Annually

Number of adults: \_\_\_\_\_ Number of children: \_\_\_\_\_

Will you need an area to eat lunch?  yes  no

Where would your group like to help? (choose all that apply)

Warehouse (cleaning and sorting incoming food)

Food Center (cleaning, stocking, organizing the shelves and bagging groceries)

Office (general office tasks – stuffing envelopes, filing, faxing)

Compassion Outreach Center (assist families with online applications for public assistance)

Compassion Thrift Center (sort and hang clothes)

Would you like to be added to our mailing/email list?  yes  no

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your interest in volunteering at the Greater Orlando Food Outreach!  
Once we have received your application, we will contact you regarding placement and scheduling.  
Your group's first visit will include a tour and training. Please contact us if you have any questions.

**Submit this application to:**

**Candace Owen, Volunteer Coordinator  
Greater Orlando Food Outreach  
150 W. Michigan Street  
Orlando, Florida 32806**

**GreaterOrlandoFoodOutreach@yahoo.com  
Phone: (407) 849-0079 Ext. 313 Fax: (877) 890-9226**