



Group Volunteer Request Form

Group Name/Affiliation _____

Contact(s) for Group _____

Phone Number _____ Email Address _____

Mailing Address _____

Number in group _____

Names of those in group (if less than 8 people) _____

Age of participants:

- Adult (18 years old and older)
- Youth (between the ages of 13 and 17 years old)

Date requested _____ Time requested _____

Project Details

- Type of project preferred:
- Activity/Interaction with Children
- Landscaping/Outdoor Projects
- Cleaning/Sorting/Organizing Project
- No preference

One time event? On-going? If on-going, for how long? _____

Please indicate any additional information about your group (preferences, needs, etc.)

Return completed form to:

Home of the Innocents
 Volunteer Office
 1100 East Market Street
 Louisville, KY 40206

volunteerservices@homeoftheinnocents.org

or 502-596-1410 (fax number)

Contact us at volunteerservices@homeoftheinnocents.org or at 502-596-1031 if you have questions.