



FAMILY & GROUP VOLUNTEER APPLICATION

FAMILY/GROUP INFORMATION

Contact name: _____ Phone: _____ Email: _____

For families, names & ages of children: _____

For groups, church/organization name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Previously volunteered at Wheeler? No Yes - Location(s): _____

Size of family/group: _____ Co-ed? No Yes - # of males: _____ females: _____

of children under 12 years of age: _____ # of teenagers under 18 years of age: _____

Any gifts/talents/skilled trades/interests? _____

PROJECT PROPOSAL

Requested project date(s) or day(s): _____ Preferred timeframe(s): _____

Type of volunteer commitment: One-time Semi-regularly On-going partnership Other _____

Are you applying for a specific volunteer opportunity? No Yes

If no, we have plenty of opportunities for your group to get involved with at Wheeler; just let us know preferred dates and times!

If yes, please include desired volunteer opportunity and ministry location. _____

Why would your family/group like to be involved at Wheeler Mission Ministries? _____

Is your family/group willing to serve in a manner that is best for Wheeler, their staff and their guests? Yes No

How did you hear about us?

- Church Newspaper/Flyer Direct Mail Ad Radio
 Website Friend Staff Member Other _____

CONFIRMED GROUP PROJECT DETAILS (to be filled out by Wheeler Mission Ministries staff only)

Date:

Time:

Location:

Volunteer responsibility:

Is group bringing supplies?

Project supervisor:

Completed by:

Date:

Forwarded to:

Date: