

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) _____

Date requested _____ Time requested _____

Age of participants:

☐ Adult (18 years old and older)

☐ Youth (between the ages of 13 and 17 years old)

☐ Adult and Youth

☐ Type of project preferred (see list of opportunities)

☐ Group can be split into different efforts

☐ No preference

☐ One time event?

☐ Ongoing? If ongoing, for how long? _____

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

Please return completed form by mail, email or fax.

Volunteer services will respond to your request within 48-72 hours.

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

Email: volunteerservices@homeoftheinnocents.org

Fax: 502.596.1416