



P.O. BOX 6385
Elizabethtown, KY 42702
(270) 765-HOPE
www.hopeacademyforkids.org

GROUP SERVICE APPLICATION

ORGANIZATION CONTACT INFORMATION

Church/Group/Company Name _____

_____ Website _____
Address _____

City _____ State _____ Zip _____

Contact Person _____ Position _____

Email: _____ Phone _____

Best method of contact: ☐ Text ☐ Phone ☐ Email

AVAILABILITY

Please select the most appropriate day and time of your volunteer service project:

Day(s) of the week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Specify start time: _____ end time: _____

Campus of Service: Elizabethtown ☐ Other _____

ABILITIES/SKILLS

Describe any skills or interest your group/organization has that will contribute to our volunteer opportunities:

Total of Volunteers _____ Number of Females _____ Males _____ Age Range _____

GENERAL

Please describe why you are interested in volunteering at HAFK

SPECIFICS

What specific tasks are your group interested in doing?

Group Leader Signature: _____ Date _____