



GROUP APPLICATION

2330 JOHNNY ELLISON DR. MELBOURNE FL 32901 Office: (321) 725-5160 Fax: (321)723-3239 Email: citaworks@gmail.com

Group Name: _____
Date: _____

ORGANIZATION NAME:
GROUP NAME:
GROUP TYPE: <input type="checkbox"/> Non-Profit to use servers <input type="checkbox"/> Non-Profit to Donate <input type="checkbox"/> Organization to Donate
PRIMARY LEADER FULL NAME:
FIN:
STATE NON-PROFIT NUMBER IF APPLICABLE:
PHONE1: <input type="checkbox"/> Land-Line or <input type="checkbox"/> Cell or <input type="checkbox"/> Fax (_____) _____ -- _____
PHONE2: <input type="checkbox"/> Land-Line or <input type="checkbox"/> Cell or <input type="checkbox"/> Fax (_____) _____ -- _____
WEBSITE:
EMAIL:
ADDRESS:
CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____
ESTIMATED NUMBER IN GROUP:
NUMBER OF GROUP / TEAM LEADERS:

GROUP SKILL QUERY (CHECK ALL THAT APPLY and ENTER THE NUMBER OF VOLUNTEERS FOR THAT AREA)

HEAVY LIFTING: *NUMBER OF VOLUNTEERS* _____

LIGHT LIFTING ONLY: *NUMBER OF VOLUNTEERS* _____

HOUSE HOLD CLEANING: *NUMBER OF VOLUNTEERS* _____

LANDSCAPE AND YARD MAINTENANCE: *NUMBER OF VOLUNTEERS* _____

CLOTHING SORTING AND STOCKING: *NUMBER OF VOLUNTEERS* _____

OFFICE WORK: *NUMBER OF VOLUNTEERS* _____

NEWSLETTER FOLDING AND ENVELOPE STUFFING: *NUMBER OF VOLUNTEERS* _____

CAR WASH: *NUMBER OF VOLUNTEERS* _____

OTHER _____ : *NUMBER OF VOLUNTEERS* _____

THE GROUP LEADER MUST READ AND SIGN BEFORE VOLUNTEERING

I UNDERSTAND THAT WE ARE NOT EMPLOYEES OF CITA, INC and DO NOT QUALIFY FOR EMPLOYEE RIGHTS AND BENEFITS.

I UNDERSTAND THAT WE ARE NOT TO WEAR ANYTHING THAT PRESENTS ANY ILLEGAL or IMMORAL PICTURE, INSIGNIA, GESTURE or WORDS.

I UNDERSTAND THAT WE ARE TO DRESS MODESTLY and MAY BE TURNED AWAY IF IMPROPERLY DRESSED.

I UNDERSTAND THAT WE ARE NOT TO DISPLAY ADVERTISEMENTS OF TOBACCO PRODUCTS or ALCOHOL.

I UNDERSTAND THAT WE ARE TO ACT IN A COMPLIANT and COMPATIBLE ATTITUDE WITH OTHERS ON THE PREMISES and OBEY MY SUPERVISOR.

I UNDERSTAND THAT WE ARE NOT GUARANTEED THE OPPORTUNITY TO VOLUNTEER AT THIS ORGANIZATION and THAT WE RESERVE THE RIGHT TO REFUSE THIS OPPORTUNITY.

I UNDERSTAND THERE IS NO GUARANTEE OF THE ACCEPTANCE OF THIS SERVICE BY ANOTHER ORGANIZATION and THAT IT IS MY OBLIGATION AS TEAM LEADER TO VERIFY THAT THIS VOLUNTEERING WILL BE ACCEPTED BY ANY OTHER ORGANIZATION OF YOUR CONCERN.

I UNDERSTAND THAT THIS REGISTRATION IS GOOD FOR REPEAT SERVICE BY THIS GROUP ONLY AND ANY OTHER GROUP MUST REGISTER IT'S OWN INFORMATION.

I UNDERSTAND THAT THE WELFARE OF THIS GROUP IS THE DIRECT RESPONSIBILITY OF MYSELF AS GROUP LEADER AND THE ORGANIZATION WE REPRESENT.

I UNDERSTAND THAT THIS REGISTRATION IS GOOD FOR 365DAYS ONLY.

GROUP LEADER'S SIGNATURE _____ DATE _____