



GROUP VOLUNTEER APPLICATION

We appreciate your group's desire to help CJE SeniorLife fulfill our mission and will attempt to accommodate your schedule. The requested information will help us make a mutually beneficial placement.

Please submit completed form to: Volunteers@cje.net or call Volunteer Services at 847-929-3040

This application must be submitted at least 4 weeks prior to your requested service date.

Date: _____

Name of Group/Organization:

Name of Contact Person for Group:

Title:

Contact's Phone:

Contact's Email:

Organization's Address:

Street

City

State

Zip

Proposed Volunteer Activity:

Requested Date(s) of Volunteer Service Project:

Time preference:

Group Type:

How many volunteers will attend:

If student group, approximate age of students:

Number of adults who will accompany students:

A. Synagogue/Congregation

D. Elementary School

G. Corporate

B. College

E. Civic/Community

H. Family

C. High School

F. Mitzvah

I. Other

To be completed by Volunteer Services Administration

Accepted? Yes____ No____ CJE location:

Additional supplies provided by CJE:

Staff on duty during requested time:

Staff contact #/email