



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: _____ Website address: _____

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 _____