

## Volunteer Group Checklist

**Thank you for your interest in volunteering with Metrocrest Services! Volunteers are essential to fulfilling our mission; the form below will help us to plan a meaningful volunteer experience for your group.**

**To request a group project, the Group Leader(s) must:**

- Complete a **Volunteer Group Project Request Form** ( next page)
- Ensure the requested project date is at least 3 weeks after the date of submission on this form. Most group activities will be facilitated Monday- Friday 8 am to 5 pm, or during a seasonal program (June- August, September- December) where more night and weekend opportunities are available. Confirmation of date and time are subject to availability.
- Understand that by committing a certain number of volunteers for your project, we will plan projects accordingly. Varying the group size greatly without proper notice could affect the quality of your volunteer experience
- Be clear about the ages of volunteers in your group. The minimum volunteer age is 13 years old. Youth volunteer groups must have adult supervision.
  - Guidelines for adult: ratios for youth groups are:
    - Groups with youth aged 13-17, adult child ration – 2:10

**Once your group project is confirmed by our staff, the Group Leader(s) MUST:**

- Provide all members of your volunteer group with the confirmation details to ensure all volunteers arrive at the correct location and on time.
- Respond to request for volunteer headcount confirmation. The volunteer manager will contact the group leader(s) one week before your scheduled volunteer project to confirm headcount. If the group leader who made the initial request will be unavailable, please provide a secondary contact.

**Please allow one week from receipt of completed form for proper processing**

**\*Until you receive a confirmation email with final details for your group volunteer project, your group is not approved\***

# Volunteer Group Request Form

**Please allow one (1) week from receipt of completed form for proper processing. Your volunteer project is not confirmed until you receive a confirmation email upon finalization of details.**

- The Group Leader must respond to the volunteer headcount confirmation request. If that responsibility will be shared, all group leaders must be listed on this form.**

**TELL US ABOUT YOUR GROUP:** This information will be used to create a volunteer account for your group.

**ORGANIZATION NAME:**

**TYPE OF ORGANIZATION:**

**STREET ADDRESS:**

**ORGANIZATION PHONE NUMBER:**

**WEBSITE:**

## **Group Leader Contact Information:**

**Group Leader Name:**

**Phone Number:**                     Mobile  Home  Work

**Email Address:**

**Have you served with Metrocrest Services before?**  Yes     No    **If so, when & how?**

**Alternate Group Leader Name:**

**Phone Number:**                     Mobile  Home  Work

**Email Address:**

**Have you served with Metrocrest Services before?**  Yes     No    **If so, when & how?**

# Volunteer Group Request Form

## TELL US ABOUT YOUR DESIRED VOLUNTEER EXPERIENCE:

**What day(s) are you requesting?**

**What Time(s)\*: From:      To:**

**\*If requesting multiple dates please indicate desired time for each date**

**Which Volunteer Opportunities are you interested in?**

**Number in Group:**

**Ages:**  All Adults    Adults & Minor

**Number of minors in group:**

**Age range of minors (minimum volunteer age – 13 years old):**

**Please return completed Volunteer Group Request forms to:**

**Brittni Coe, Volunteer Manager**  
**Email: [bcoe@metrocrestservices.org](mailto:bcoe@metrocrestservices.org)**  
**Fax 214-694-2171 Attn: Volunteer Manager Brittni Coe**  
**13801 Hutton Drive, Suite 150**  
**Farmers Branch, Texas 75234**

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For Internal Office Use Only.

Date of receipt of form: \_\_\_\_\_ Date Entered: \_\_\_\_\_ By: \_\_\_\_\_

Contact Date: \_\_\_\_\_ Date Entered: \_\_\_\_\_ By: \_\_\_\_\_