

# West Midland Family Center

## Connect & Serve

### Group Information



Organization or Group Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Secondary Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Tell us about your group: \_\_\_\_\_

What type of service project is your group interested in doing? (Circle all that apply)

Clerical	Grounds Maintenance	Special Event	Facility Maintenance
Cooking	Serving Meals	Food Drive	Organizing
Other _____			

Why is your group interested in volunteering at West Midland Family Center?  
\_\_\_\_\_

How many people will be in your group? \_\_\_\_\_ Primary Age/s of the Group \_\_\_\_\_

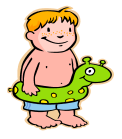
How frequently does your group wish to volunteer?

Temporary Service:  
 Half Day    Full Day    Week    Month    Other \_\_\_\_\_

Ongoing Service:  
 Weekly    Monthly    Quarterly    Twice a Year    Once a Year

Other \_\_\_\_\_

What date/s and time/s does your group wish to volunteer?  
\_\_\_\_\_



In the future, our group might be interested in donating:

Food  
Books

Clothing  
Other

Hygiene Items

School Supplies

Household Items

Does your group wish to use photographs of service for any publicity or marketing purposes? (Any photos of children or youth require a written release from parent/guardian.)  Yes  No Comments: \_\_\_\_\_

Please tell us if your group has any special needs, skills or wishes for their service experience: \_\_\_\_\_

Anticipated Volunteers:

	Name	Email Address
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____



As the contact person for our group, I agree to alert the Connect & Serve Coordinator to any changes in the above information, including, but not limited to:

- Final head count of participants 3 business days in advance of project.
- Notification of cancellation or need to reschedule 1 week in advance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU!**

Please return completed form by email, fax or mail:

Helen Roth  
 Connect & Serve Coordinator  
 West Midland Family Center  
 4011 W. Isabella Rd. (M-20) Shepherd, MI 48883  
 (989)832-3256 fax -832-5755 rothh@wmfc.org

Check out our website at: [wmfc.org](http://wmfc.org)