



# St. Rose Outreach and Recovery

## Volunteer Group Intake Form

Organization/Group Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Trip Details** Confirmed on \_\_\_\_\_ By St. Rose Staff Member \_\_\_\_\_

**Team Leader Name:** \_\_\_\_\_

On-site Phone (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

*I have read and understood the **On-site Team Leader Guidelines.***

**Team Leader Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

_____ No. of Adult Males	_____ No. of Youth Males	_____ <b>Total in Group</b>
_____ No. of Adult Females	_____ No. of Youth Females	

There will be a designated supervisor for all volunteers under 18 as REQUIRED. K Yes K No

Arrival Date/Time \_\_\_\_\_ Departure Date/Time \_\_\_\_\_

Arriving by Car Van Bus Plane Other \_\_\_\_\_

Will your group require meals during your stay? If so please tell us what the first and last meal you will require are.

Will your group require accommodations during your stay? If so, how many people require beds?

If you require accommodations the cost is \$10 per person per night; is payment in the form of a check made out to *St. Rose Relief Fund* enclosed? K Yes K No, we plan to pay with check or cash upon arrival.

How did you hear about St. Rose? \_\_\_\_\_

If your group is interested in bringing donations please contact a St. Rose staff member prior to arrival.