

GROUP VOLUNTEER INTEREST FORM

Assistance League® of Phoenix

improves lives of children through
philanthropic programs that fulfill basic
needs, foster self-esteem and enhance
quality of life.



Group Name/Company : _____
Contact Person: _____ **Phone:** _____
Contact Email: _____
Mailing Address: _____
City, ST & Zip: _____

How did you learn of Assistance League of Phoenix? _____

Describe your group

- Business/Corporate
- Faith based Organization
- Association
- Family
- School Class/Club
- Other _____

Motivation for volunteering

- Annual Service Project
- Team Building
- Educational/Service Learning
- Community Service
- Other _____

How many people are in your group? _____

What date or dates does your group wish to volunteer? _____

What volunteer opportunity is your group interested in?

- Operation School Bell
- Warehouse Assistance
- Coordinating a Book Drive at your workplace or school
- Sorting Donations at the Thrift Boutique
- Sales Floor at the Thrift Boutique
- Other _____

Will there be individuals under the age of 18 with your group? Yes No

If yes, please list ages: _____

Business/Corporate Groups Only

Are there grant opportunities or Employee Giving/Matching programs at your company?

- Yes
- No
- Not Sure

If there is anything else you'd like to share, please do so below.

Return this completed form by email to volunteer@alphx.org