

**NSO**

ADVANTAGING THE DISADVANTAGED

GROUP REGISTRATION FORM

I. CONTACT INFORMATION

Group Name: _____

Group Address: _____

Group Leader: _____ Title: _____ Phone: _____

Email: _____

II. GROUP INFORMATION

Volunteer Date: _____ Volunteer Hours: Begin _____ End _____

What Is the Reason for Volunteering: _____

Number of Volunteers: _____ Ages of Volunteers: _____

Will group provide supplies? Yes No

FOR OFFICE USE ONLY

Date Received:
Group Orientation Given: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Consents Signed by all: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Project (1):
Project (2):
Staff Signature:

Please email registration forms to aburdette@nsookc.org
or fax to (405) 236-1871
Attention: Aurora Burdette, Volunteer Coordinator

Revised 02/09