Cedar Village
...Where Care Is Tradition

Group Volunteer Application

Contact Person: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____ **Email:** _____

Date of Event: _____ **Time Frame:** _____ **to** _____ **am / pm**

Group/Organization Name: _____

Type of Group: _____

Activity of Interest: _____

_____

1-Time or Ongoing? _____ **If ongoing, how often?** _____

Participants: *(Please copy form for additional participants. Thank you.)*

Name	Address/City/Zip	Emergency # & Contact

Signature: _____ **Date:** _____

Fax or mail completed application to:
Marcia Westcott Director of Volunteers & Resident Programming
Cedar Village
5467 Cedar Village Drive
Mason, Ohio 45040

Email/Phone/Fax/Website:
mwestcott@cedarvillage.org
Phone (513) 336-3137
Fax (513) 336-3174
www.cedar-village.org

For office use only:
Total Hours Served: ____ Event: _____ Date: _____ ☐ Add'l information Attached.