



Quest, Inc.

Group Volunteer Application Form

Group/Organization _____
Group/Organization Address _____
Contact Name _____
Address _____
Phone _____ Fax _____ Email _____
Number of members interested in volunteering _____
Please describe your group and its focus _____

Commitment

- Short-term Project: 4 Hours 1 Day Several Days
- On-going Partnership: Monthly Quarterly Annually

Availability (Please indicate the best day(s) and time(s) for your group)

- Mon. Tues. Wed. Thurs. Fri. Sat. Sun. **OR**
- Any Weekday Any Weekend AM Only PM Only **OR**
- Specific Date(s) _____ Specific Time(s) _____

1. Can your company/or group provide the financial resources to execute this project? (for example, if you're painting, can you provide paint and other necessary materials?) _____
2. We are very appreciative of your volunteer time. May we respectfully request for your company/or individuals in the group to provide financial support to Quest, Inc.?
Yes, each individual can donate \$ _____
Not at this time _____
Does your company match donations? _____
3. Does your company provide any financial support for Quest that coincides with your volunteering? (for example, some companies provide an hourly stipend per number of hours volunteered) _____
4. Contact for Quest to follow up regarding company financial support
Name _____ Phone _____
Email _____

For more information, please contact:

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