



CITY MISSION SOCIETY OF BOSTON

BOSTON URBAN OUTREACH GROUP REGISTRATION FORM

GROUP LEADER CONTACT INFORMATION

Name First _____ MI __ Last _____

Address Street _____

City _____ State _____ Zip _____

Phone (Circle: Home, Work or Cell) _____

E-mail Address _____

VOLUNTEER INFORMATION

To facilitate your application, please provide as much of the following information as possible:

What is the size of your group? Adult _____ Junior High _____ High School _____

Indicate the date your group is interested in coming _____

What Boston Urban Outreach Program is your group interested in? _____

Optional: Please indicate travel plans (i.e. driving or flying during BUO events) _____

How did you learn about City Mission Society and Boston Urban Outreach?

Church Social Service Agency School Other (Where?) _____

Is there anything else you would like us to know about you or your group?

