



# CITY MISSION SOCIETY OF BOSTON

## GROUP LEADER CONTACT INFORMATION

Name First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Organization Name \_\_\_\_\_

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(s) \_\_\_\_\_ Junior High \_\_\_\_\_ High School \_\_\_\_\_

Indicate the date(s) 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) \_\_\_\_\_

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

Church  Social Service Agency  School  Other (Specify) \_\_\_\_\_

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