



repairing homes and restoring hope

Good Works Group Volunteer Form

Name of Group/Organization/Church: _____

Address: _____

Name of Group Organizer: _____

Phone Number: _____ Email Address: _____

Date of Work Day Requested: ____/____/____

Location: Coatesville St. Peter's Village Phoenixville West Chester

NAME OF VOLUNTEER (FIRST, LAST)	ADULT OR YOUTH (<18) VOLUNTEER	FIRST TIME VOLUNTEERING WITH GOOD WORKS?

- If this is someone's first time volunteering with Good Works, a release form must be completed to participate in the Work Day
- Release forms can be found on our website: <http://www.goodworksinc.org> under the Volunteer section (Our Volunteer Coordinator will also email the release forms to the group organizer)
- Volunteers can either email their completed release forms to volunteer@goodworksinc.org or bring it with them to the Work Day