



Community Group Application

Contact Name (Must be 21 or older): _____

Agency or Affiliation: _____

Address: _____

Phone: _____ Fax: _____ Email _____

Date of event: _____ Time (include set up and clean up time): _____ to _____

Number of Participants: _____ Ages of Minors: _____

Have you previously been involved with The Shade Tree? _____

Please describe your event _____

What participation or resources, if any, do you require from The Shade Tree?

- Please plan to set up and clean up after your event.
- Please be prompt.
- No photographs are allowed on property unless prior authorization has been arranged.
- Due to insurance requirements, we can not accept volunteers under the age of 10 and youths 10-15 years must volunteer with their parent.
- Due to the variety of faiths of the women residing in our shelter, we can not allow any religious activities or proselytizing.
- Please sign and return this application at least one week before the scheduled date.
- If you have any questions please contact the volunteer coordinator at 385-0072 ext. 105.

Thank you for your cooperation and support of The Shade Tree!

Contact name: _____

Contact Signature: _____ Date: _____